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COVER LETTER

-	Division of Corporations			
SUBJECT:		Roduce Name of Limit	this matter to the following: 2. Pede Ho Lombar OC OC Name of Person Product LC Firm/Company Firm/Company Firm/Company Firm/Company City/State and Zip Code SixuaceCades K. Metall all address: (to be used for future annual report notification) er, please call: at (727) 441 - 8287 Area Code Daytime Telephone Number at: Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
The enclosed	f Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		Beneo	Je Ho Lovi bo	2000 S60.00 Filing Fee. Certificate of Status &
		6009 D	Firm/Company	
		715 Pir	7ellas St Address	
		Clerusyla: Sinar E-mail address: (u	City/State and Zip Code CEGGLES K. Met o be used for future annual report notifica	55
For further i	nformation cor			
	Lj 7 Name of I	Whittet Person	at (727) 441 - Area Code Daytime To	- 8287 Elephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00 B	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Q Producto	LLC	
	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on Jan 4, 2008	and assigned
Florida document number <u>L 0 8 00000 14 21</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
	N K	
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		= = = = = = = = = = = = = = = = = = = =
(Principal office address MUST BE A STREET ADDRESS	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7 58
		7 25
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:		
	Enter Florida street address	
	. Florida	21. (2) [
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Cleurwater FL 33756	CRemove
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MBR	homBARDO BENEDETTO	323 LOTUS PATH	
		Clearwaler FZ 33751	⊃ □ Remove
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Effective date, if ((If an effective date is I	other than the date (isted, the date must be spe	of filing: ecific and cannot be pr	nor to date of filing of	or more than 90 days after	ional) er tilling.) Pursuant to 60	5.0207
	iserted in this block do re date on the Departm			iling requirements, th	is date will not be lis	ted as
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	ies a delayed effe		not an effectiv	e time, at 12:01	a.m. on the earl	ier of
) The 90th day	after the record is	filed.				
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Dated <u>&O</u>	NOVEVIIJE	<u>. </u>	(DIA)			
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Filing Fee: \$25.00