# 4000040004

, (F	Requestor's Name)	
(A	Address)	<del></del>
(A	Address)	
(0	City/State/Zip/Phone #	<del>/</del> )
PICK-UP	WAIT	MAIL
(E	Business Entity Name	<del>)</del>
(E	Occument Number)	<u></u>
Certified Copies	Certificates o	of Status
Special Instructions t	o Filing Officer:	
	Office Use Only	



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MAY 03 2016 J SHIVERS

#### **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations	$g_{ij} = \mathcal{E}_{ij} g_{ij}$	
CLID ID	CT.	AVERS LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		JORGE R. SANCHEZ		
			Name of Person	
		JSD & COMPANY PA		
			Firm/Company	-
		8390 W FLAGLER ST SU	JITE 201	
		<del>-</del>	Address	
		MIAMI, FL 33144		
			City/State and Zip Code	
		JSANCHEZ@JSDANDCO		
			to be used for future annual report notifi	cation)
For furt	ther information co	oncerning this matter, please ca	all:	
KARL	A HERRERA		786 326-3711	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:	٠,	
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

( <u>Name of the Lim</u>	ited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
the Articles of Organization for this Limited I lorida document number L14000040004	Liability Comp	pany were filed on 03/10/2014	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited	liability company here:	
EUCEDA PROFESSIONAL SERVICES LLC			
he new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE		5)	,
nter new mailing address, if applicable:		N/A	
<u>Mailing address MAY BE A POST OFFICE</u>	E BOX)		
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	d/or registere office address	d office address on our records, <u>here</u> :	enter the name of the
New Registered Office Address:			28
New Registered Office Address:		Enter Florida street address	10 20
		City , F1011	Zip Code

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

**EUCEDA PAVERS LLC** 

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 = M	from our records:  anager uthorized Member	N/A	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			Change
		•	
			□ Remove
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***			Add
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ective date, if other than the a effective date is listed, the date mus	date of filing:	date of filing or more than 9	(optional)	mant to 605 0
te: If the date inserted in this blo	ock does not meet the applicab			
nument's effective date on the De	partment of State's records.			
record specifies a delayed	effective date, but not	an effective time at	· 12·01 a.m. on t	he earlier
he 90th day after the rec	ord is filed.	an circuite ame, at	. 12.01 4.111. 611 6	ne earner
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Filing Fee: \$25.00