L15000020605

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200272746932

05/18/15--01028--005 **25.00

ALLABASSES FLORIBA

FILED
15 HAY 18 PH 12: 20

MAY 1 9 2015 T. BROWN

COVER LETTER

TO:	Registration Se Division of Cor		· ·	1 ;	
	₹	Porterons	<u>*</u>	• *	
SUBJ	THESEMA	ACH LLC			
50 D 0	ECT	Name of Lin	nited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		PATRICK MOYAL			
-			Name of Person		*** · ** · *** · *** · · · · · · · · ·
		MOYAL ACCOUNTING	SERVICES INC		
			Firm/Company		
		10796 PINES BLVD SUI	TE 204		
			Address		
			City/State and Zip Code		
•		MOYALACCOUNTING@			
			to be used for future annual report notif	ication)	
For fu	rther information co	oncerning this matter, please ca	aII:		
PATR	JCK MOYAL		954 430-3930		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
		ING ADDRESS			

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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	AMENDMENT	
ARTICLES OF C	DECANIZATION Str.	
ARTICLES OF C	THE STATE OF THE S	
O		
THESEMACH LLC	ORGANIZATION OF Inv as it now appears on our records.) Clability Company)	
(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(A Florida Limited)	Clability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/03/2015 and assigned	
Florida document number L15000020605		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	100 BISCAYNE BLVD UNIT 1315	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FLORIDA 33132	
<u>, , , , , , , , , , , , , , , , , , , </u>		
Enter new mailing address, if applicable:	100 BISCAYNE BLVD UNIT 1315	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FLORIDA 33132	
industry manifest MII BETTI OST OFFICE BOTY		
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the no	
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
Tiew Registered Villes Address.	Enter Florida street address	
	. Florida	
	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 by removed from our records:

MGR = M $AMBR = A$	MGR = Manager (, , , , , , , , , , , , , , , , , ,		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		·	□ Remove
			□ Change
<u>-</u>			
		:	☐ Remove
			Change
			□ Add
			Remove
			7 0
			□ Change
			Add
			□ Remove
			□ Change
<u>u </u>			□ Add
			☐ Remove
			☐ Change

	EIN NUMBER IS 61-1755268
	\cdot
	·
	•
	•
fective d	late, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument's	seffective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the control is filed.
	,
MA	Y 5 2015
	·
	Thoman Nasai
_	Signature of a member or authorized representative of a member
•	·
	THOMAS NASRI

Page 3 of 3

Filing Fee: \$25.00