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(Re	questor's Name)			
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COVER LETTER

	Registration Sect Division of Corp			
elib ie		PRISE & SERVICES LLC		
SUBJEC	· 1 :	Name of Lim	ited Liability Company	
The encle	osed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		RAQUEL B.MOWRER		
			Name of Person	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		OGC ASSOCIATES ORL	ANDO CORP	
			Firm/Company	
		4368 L.B McLEOD RD		
			Address	
		ORLANDO, FL - 32811		
			City/State and Zip Code	<u></u>
		raquel@ogcfinancial.com		
For furth	er information coi	E-mail address: (to be used for future annual report notificatell:	2918
RAQUE	L B. MOWRER		407 985-44044	Celephone Number
	Name of I	Person		30 T
Enclosed	is a check for the	following amount:		第 年 2
\$25.0	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**

(Name of the Lim	ited Liability Compa (A Florida Limited I	my as it now appears on our re Liability Company)	cords.)			
ne Articles of Organization for this Limited orida document number L16000034591	Liability Company	were filed on $\frac{02/18/2016}{}$		·	and ass	igned
nis amendment is submitted to amend the fo	llowing:					
If amending name, enter the new name	of the limited liab	ility company here:				
e new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or th	ne abbrevia	ation "L.	L.C."
Enter new principal offices address, if applicable:		4368 L.B McLEOD RD				
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		ORLANDO - FL - 32811				
		4368 L.B McLEOD RD ORLANDO - FL - 32811				
. If amending the registered agent and gistered agent and/or the new registered of			cords, <u>en</u>	ter the	name_	<u>of the</u>
Name of New Registered Agent:	OGC ASSOCIA	ATES ORLANDO CORP		<u>i</u> ;	-	
	OGC ASSOCIA				5	10.000
Name of New Registered Agent: New Registered Office Address:	4368 L.B McLl			SS	皇 万	d to a some
		EOD RD	ddress _, Florida	32811	TO Code	12.2

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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			Remove
			□ Change
			□ Add
		·	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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			B Add 5
			Remove
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			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
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	29
Effective data if other than the data of filing.	(ontional)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effect b) The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of:
Dated 05/31/2016	
Helena U.S. Magallage Signature of a member or spithorized representation	MEMBER)
HELENA MARIA G MAGALHAES	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00