LIGOODOYM8

(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	<u></u>
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	
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APR 02 2019 S. YOUNG



March 22, 2019

ANIBAL QUINTAO EXPRESS ACCOUNTING 3927 N FEDERAL HWY POMPANO BEACH, FL 33064

SUBJECT: COMFORT OAKS AC LLC

Ref. Number: L16000204188

We have received your document for COMFORT OAKS AC LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 919A00005708

COVER LETTER

TO:		stration Sect sion of Corpo		£	
SUBJE		CONFORT C	AKS AC LLC		
SUDJE	C1		Name of Limit	ted Liability Company	
The encl	losed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please re	eturn a	all correspond	lence concerning this matter t	o the following:	
				ANIBAL QUINTAO	
				Name of Person	
			E:	XPRESS ACCOUNTING	
			-	Firm/Company	
				3927 N. FEDERAL HWY	
				Address	
			P	OMPANO BEACH, FL 3306	4
			EA	City/State and Zip Code CLIENTS@GMAIL.COM	
			E-mail address: (to	o be used for future annual repor	notification)
For furth	ner inf	formation con	cerning this matter, please ca	П:	
		ANIBAL Ç	UINTAO	954 at ()	788-7400
		Name of P	erson		aytime Telephone Number
Enclosed	d is a	check for the	following amount:		
□ \$ 25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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

RECEIVED

MAR 1 1 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMFORT OA	KS AC LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	11/07/2016	and assigned
Florida document numberL16000204188			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited I	iability Company," the des	ignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> 26 9 </u>
			登 臺 町
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			ξ. ω
			}
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter</u>	the name of the
New Registered Office Address:			
	Enter Florid	la 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANTONIO DE PAULA FILHO	9690 BOCA GARDENS CIR N. BOCA RATON, FL 33496	Add
			Remove
			Change
			Add
		-	☐ Remove
			☐ Change
			Remove
			Add
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Note: If the	date, if other than the we date is listed, the date mus he date inserted in this blo's effective date on the De	ock does not me	et the applica	o date of filing or r ble statutory filin	op nore than 90 days at ng requirements, t	otional) fter filing.) Pursuant t his date will not b	:o 605.0207 (3 e listed as th
	d specifies a delayed th day after the reco		ite, but not	an effective	time, at 12:01	La.m. on the ϵ	arlier of:
Dated	03/06		2019				
		Slin	Le Ta	ala		_	
	<u></u>	Signature of a m	ember or author	rized representativ	e of a member	_	_

Page 3 of 3

Filing Fee: \$25.00