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O BRUCE FEB 07 2017

COVER LETTER

Division of Corp	oorations		
SUBJECT:	W. U. Cle Name of Limi	aning Service ted Liability Company	es LLC
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	JAMES /	Moscow Name of Person Men Tax & Ac Firm/Company Edgewood Da Address Jd Florida City/State and Zip Code N. Balder as	
· · ·	•		ication)
For further information co	oncerning this matter, please ca		
Joaquin Name of	<u>Balderas</u> Person	at (863) 52/ Area Code Daytime	FB T
Enclosed is a check for th	e following amount:		SSEE -
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional topy is encosed)
MATT	NC ADDDESS.	STDEET/COUDI	FD ADDDESS.

MAILING ADDRESS:

TO:

Registration Section

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

	Ulability Company of the superson of the super
(Aume of the Climited)	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on January 17, Jol7 and assigned 1099.
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox)</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	
Name of New Registered Agent: New Registered Office Address:	Joa Quin Balderass 2506 HAYWood Street The There Florida street address 2500 Florida Tipopode
	Lakeland Florida #33801
New Registered Agent's Signature, if changing Re	F G
provisions of all statutes relative to the proper accept the obligations of my position as regist	agent and agree to act in this capacity. I further agree to somply with the rand complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document is egistered office address, I hereby confirm that the limited liability hange.

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

Title **Address** Type of Action Name MGR VIRGINIA MARTINEZ 2908 ETTIS AVE TAMPA 71 33803 □ Add Remove ☐ Change JOQQUIN Balderas 2506 HAYWOOD ST WADD LAKELAND 71 33801 Rem □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Remove Change O Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

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Effective date, if oth (If an effective date is listen Note: If the date inser document's effective december 1.5 of the date inser document 1.5 of the date inser document 2.5 of the date inser document 3.5 of the date inser document 3.5 of the date insert date in the da	d, the date must be spe rted in this block do	cific and canno es not meet th	ot be prior to da he applicable	e of filing or m	ore than 90 days a			
the record specifies) The 90th day aff			but not ar	effective t	ime, at 12:0	1 a.m. or	the ea	rlier d
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Dated <u>FCb</u>		<i>^</i> .,		/ .				

Page 3 of 3

Filing Fee: \$25.00