117000087573

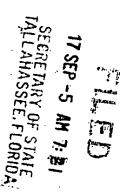
(Rec	juestor's Name)	
(Add	Iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900303045069

09/05/17--81038--012 **25.00



SEP 0 6 2017 J SHIVERS

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CT:	Tamarac A	Merica Service ited Liability Company	tes
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
		Jeffer	Son Alvarez Name of Person	·
		Tamura	America So	ervices
		7820 Colony	Cir 5 #	-202
٠		Tangrac	FL 3332 City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information con	cerning this matter, please ca	all:	
	Affers. Name of P	erson A.	at (<u>336</u>) <u>5/2</u> Area Code Daytin	2 - 7/76 ne Telephone Number
Enclose	d is a check for the	following amount:		
\$25	.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 Limited Lia</u> (A Flo	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on and assigned
Florida document number	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	mited liability company here:
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the ldress here:
Name of New Registered Agent:	HASSEE
New Registered Office Address:	TO B IN
	Enter Florida street address
	City Florida 700 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>	Name	Address	Type of Action		
AMBR	Jefferson Alvarez	7820 Colony Cir 5	Add		
		#202	Remove		
		7820 Colony Cir 5 # 202 Tamarac FL, 33321	Change		
			Add		
			Remove		
			Change		
			Add		
			□ Remove		
			Change		
			Add		
			□ Remove		
			Change		
			Add		
			Remove		
			Change		
			Add		
			Remove		
			Change		

D. If amending any other information, enter change(s) here: (Attach additional sheet	s, if necessary.)	
		
		
	• n	
	SEE.	7
	ARR A	- orting
	SESSE S	T spenies
	ROATE DA	
E. 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 filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant tents, this date will not be	o 605.0207 (3)(le listed as the
If the record specifies a delayed effective date, but not an effective time, at (b) The 90th day after the record is filed.	12:01 a.m. on the e	arlier of:
Dated 8/31/2017.		
Signature of a member of authorized representative of a member	er	_
Jefferson Alvarez Typed or printed name of signee		_

Page 3 of 3

Filing Fee: \$25.00