# LIGOCOCIOSTI

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D. SCOTT 0CT 19 2016

## **COVER LETTER**

Division of Co			
SUBJECT:	631	s 11c	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AIDO Z	Name of Person	<u></u>
		Name of Person	
		C316 11C.	
		Firm/Company	
	1688 MF	EliDIAN AVE 5	UITE 700.
		Address	<u> </u>
	50UTh	BEACH FL 331  City/State and Zip Code  ELTRADE & GMA  to be used for future annual report notific	39.
	الما المان	City/State and Zip Code	il com
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
MDO J	Limardo -	at (786) 380	9369.
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		1 8 F
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Telephone Number    \$60.00 Filing Fee;   Certificate of Stafus & Certified Copy (additional copy is prelipsed)

## 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

	C316 11C	
(Name of the Limited ) (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabin Florida document number	0871	04/25/2016 and assigned
A. If amending name, enter the new name of th	e limited liability company here	<b>:</b>
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	gnation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO		
intuining undress MIII DE TIT OUT OF THE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	•	ur records, enten the name of the new
110 H REGISTALES OTHER PROBLEMS.	Enter Florida	street address
-	City	, Florida 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	AIDO J. LIMARDO.	1688 MERIDIAN AVE	Add
		STE 700.	Remove
		South Besch, Fl 33/3	
MER	LEONALDO SCATTURICE	1688 HERIDIN AVE	Add
		STE 700.	☐ Remove
		SOUTH BEACH, FL 331.	35 □ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
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		Signatur	e of a memb	er or authorize	representati	ve of a membe	er	SSE A	FILED B

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Filing Fee: \$25.00