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To:

Division of Corporations

Fax Number : (850)617-6383

Eron:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079

Phone : (305)804-1047

: (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu

Help

From: Hector Rodriguez

Fax: (866) 767-7835

C & C OF ELODIDA L L C

To: Sunbiz LLC

Fax: +1 (850) 6176383

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ARTICLES OF AMENDMENT

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ARTICLES OF ORGANIZATION **OF**

(Name of the Limited I.	iability Company as it now appears on or lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number L0200010251	lity Company were filed on 04/29/20	02 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	16 JU 25
Enter new mailing address, if applicable:		JUN 29
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	9 H
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our address here:	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida str	eet 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

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From: Hector Rodriguez Fax: (866) 767-7835

To: Sunbiz LLC

(((H16000150459 3)))

Fax: +1 (850, 8176383 Page 3 of 4 06/29/2016 12.48 AM

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
MGRM	MARIA PRIOS	8590 SW 81'H ST	□ Add
	·	MIAMI, FL 33144	
			☐ Change
			□ Add
			☐ Remove
			Change 7 S
			AHASSEE, TLOS
			Change 5
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
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			□ Change

-	Fax: (866) 767-7835	To: Sunbiz LLC	Fax: +1 (850) 6176383	Page 4 of 4 06/29/2018 12:48 AM (((H16000150459 3)))	
D. If amen	ding any other inform:	ation, enter change(s)	here: (Attach additional	sheets, if necessary.)	
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E. Effectiv	e date, if other than the	e date of filing:	oriar to date at filing ar more th	optional) um 90 days after filing.) Pursuant to 60	15 0207
Note: If	f the date inserted in this but's effective date on the D	lock does not meet the ap	plicable statutory filing req	uirements, this date will not be lis	sted as
documer	it's effective date on the L	repartment of State's reco	ords.		
If the reco	ord specifies a delave	d effective date, but	not an effective time	, at 12:01 a.m. on the earl	ier of
	Outh day after the rec				·
JI	UNE 20	2016			
Dated	UNE 20	, 2016			
	John JO	bando	authorized representative of a		
	0 -0	Signature of a member or	authorized representative of a	nember	

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