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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

D. BRUCE NOV 0 2 2016

COVER LETTER

SUBJECT: BUA	Acos Property 7	husbrowt, del		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Annmaia	longad.		
	Burnes Ro	Name of Person bery Taue, ment, a Firm/Company	× L C	
	2101 Danoce	Deve, Lik Ai Address		
	On modo, Fr	32837	SE	22
	buracos pi a	City/State and Zip Code Ona./. Com to be used for future annual report notifi	AHCI AHCI ASS	
For further information con	ncerning this matter, please ca		m _c	ם ת
Anamania	Hongado	at (40) 651-65 Area Code Daytime	S	بي
Name of	Person /	Area Code Daytime	Telephone Number	
Enclosed 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 Fe Certificate of St Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

Duracos Mober	ty truestones	it, die		
(<u>Name of the Limited L</u> (A I	liability Company as it librida Limited Liability	now appears on our record Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liabi		iled on 05/16/20	03 and	l assigned
Florida document number	<u>/</u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability co	mpany here:		
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation "LLC	C" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	_	ldress on our record	ls, <u>enter the na</u>	me of the new
Name of New Registered Agent:	Anamaria	Morgado	SECT	
New Registered Office Address:	HAMMANIA 2101 Daing	to rully, will	HARY SETARY	
-	Onlando	, F	loridar 3203	2 m
New Registered Agent's Signature, if changing Reg	istered Agent:	y	¥ 20	inac —

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

Page 1 of 3

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 **Type of Action** <u>Title</u> <u>Address</u> Name _□ Add ☐ Remove ☐ Change ☐ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change Add Chan W Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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	ifies a delayed		ate, but no	ot an effect	ive time, at	12:01 a.m.	on the e	earlier (
ted	Sept.	MOSI 19,	2016.					
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		Signature of a m	ember or auth	orized represen	tative of a memb	er		

Page 3 of 3

Filing Fee: \$25.00