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M. THOMAS

MAR 17 2009

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liebility Company	west now onners on our records
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>LO400048192</u> .	were filed on $\frac{6/25/2004}{}$ and assigned
This amendment is submitted to amend the following:	r.
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ad Liability Company," the designation "LLC" or the abbreviation 3520 5 Military Trail Lake Worth, FL 33463
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3520 5 Military Trail Lake Worth Fe 33463
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	09 MAR TALLAR
New Registered Office Address:	(Enter Florida street address)
	(City) , Florida (Zip (Zip (Zip (Zip (Zip (Zip (Zip (Zip
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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** Juan Colmenarez 7610 Clare Ct. Add Remove ☐ Add Remove Add 🗂 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Gustavo Flores Typed or printed name of signee

Page 2 of 2

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