(Re	questor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO:				
au n i n		OURIER LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The end	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		MONICA E BERNALES		
Name of Person 16413 SW 50TH TERR				
		16413 SW 50TH TERR		
			Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI FL 33185		
				
				instina)
For furt	her information co			Cattony
MONI	CA E BERNALES	i.	at (
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	e following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		□ \$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

SILTON COURIER LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as <mark>it now appears on our recor</mark> Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L Florida document number L04000087240	iability Company	were filed on 12/03/2004	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		16413 SW 50TH TERR	
		MIAMI FL 33185	
Enter new mailing address, if applicable:		16413 SW 50TH TERR	16 0 TALLA
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33185	₹5. 9
			SE S
B. If amending the registered agent and registered agent and/or the new registered of			ls, enter the name of the new
Together the state of the state		- -	
Name of New Registered Agent:	MONICA E BI	ERNALES	
New Registered Office Address:	16413 SW 50T	TH TERR	
		Enter Florida street addre	rss
	MIAMI	, F	lorida 33185
		City	Zin 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.

f 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>	<u>Name</u>	Address	Type of Action
MGR	ALVARO BERNALES	12209 NW 106 CT UNIT 102	
		MEDLEY FL 33178	_ ■ Remove
			Change
MGR	MONICA E BERNALES	16413 SW 50TH TERR	■ Add
		MIAMI FL 33185	☐ Remove
			Change
			Add
			Remove Remove
			☐ Change
			Add
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Effective date, if other than the date of filing:		(optional)		111
(If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's recording.	or to date of filing or more thicable statutory filing req	an 90 days after filing Pu	irsuan Co 60	05.0207 (sted as tl
the record specifies a delayed effective date, but n) The 90th day after the record is filed.	ot an effective time	, at 12:01 a.m. on	the earl	lier of:
Dated 10/24/16. 10/RCD Belliob				
	· · ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00