40500025714

(Requestor's Name)
	Address)
,	Address)
(Address)
- (City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Considerations	to Cilian Officer
Special Instructions	to Filing Officer.

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SOLUTION COVER LETTER

Division of Corpora			
SUBJECT: Bota	any Woods Name of Lim	LLC — LD500 ited Liability Company	10025714
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Dianna	Name of Person	
-		Firm/Company	
-	14850 Colli	ns Are Suite 112 Address	7-456
-		City/State and Zip Code	
_	Diluntique Dimail address: (1	a (Comail - Com to be used for future annual report notific	ation)
For further information conce	rning this matter, please ca	att:	
Name of Per	ticua sonJ	at (<u>MU) U09 –</u> Area Code Daytime T	O AO Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number \(\sum_0500025114\)	, , ,	V-05	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			AUTO JUL 2
(Mailing address MAY BE A POST OFFICE BOX)			S
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of	Action
MCTR.	Dianna Lantigua	10850 (Oilins Are Suite 112-656 Sunny Isles Breach for 33160 Add	>
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E. Effectiv	we date, if other than the date of filing: $\frac{7-23-18}{}$ (optional)	
(If an effe Note: I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	5.0207 ted as
	ent's effective date on the Department of State's records.	
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier o
(b) The	Form day after the record is filed.	
	7-23-18	
Datad		
Dated _		
Dated _	- Marketin	

Page 3 of 3

Filing Fee: \$25.00