## 10600014210

(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100307003131

01/02/18--01013--014 \*\*25.00

18 JAH - 2 PH 5: 10

## COVER LETTER

ro:	Registration Sec Division of Corp				
erin re	Car.	Ceiba Lt	1 C2		
SUBJE	CI:		ited Liability Company		
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
			1		
			ohu Diaz Name of Person		
			Name of Person		
		<u> </u>	ba Ud Co		
			Firin/Company		
		472	O W Town	Auc	
			'Address		
		Tam	City/State and Zip Co	3616	
			'	li de la companya de	
		E-mail address: (i	to be used for future ann	il report notification)	
For furt	her information co	ncerning this matter, please ca	all:		
	\ 1 >	<b>N</b> .	6. 2	299 277	
	Name of	Dia Z Person	at ( 813) Area Code	299 - 2770  Daytime Telephone No	ımber
			l (		
Enclose	d is a check for the	following amount:			
_	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fe Certified Copy (additional copy is	cpclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Regist Divisi Clifto	ET/COURIER ADDREST Tration Section on of Corporations in Building Executive Center Circle	SS:
			Tallah	assee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ceiba Lt	-d Co	1			
(Name of the Limited Liabil (A Florid	ity Company as it r la Limited Liability (	idw appea Company)	irs on our records.)		
The Articles of Organization for this Limited Liability (	Company were fi	led on	02/08/2006	and assign	ed
Florida document number	;	-			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited hability con	mpany h	<u>ere</u> ;		
The new name must be distinguishable and contain the words "Lir	mited Liability Comp	pany," the	designation "LLC" or the	e abbreviation "L.L.C.	17
Enter new principal offices address, if applicable:		<u> </u>		-	
(Principal office address MUST BE A STREET ADD	RESS)				
		<u> </u>		<del></del>	<del></del>
				<b>18</b>	
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	<u>-원활</u> .
				<u> </u>	
B. If amending the registered agent and/or regi		ldress o	n our records, <u>ent</u>	er the name of	the nev
	1 1				1 <b>2</b> .
Name of New Registered Agent:					<del></del>
New Registered Office Address:					
		Enter Flo	orida street address		
	1 (20		, Florida	Zip Code	
New Registered Agent's Signature, if changing Register	City ed Agent:			гір Сойе	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete perfort agent as provide red office addres	mance o <sub>j</sub> d for in (	f my duties, and Lai Chapter 605, F.S. (	m familiar with a Or, if this docume	nd
	14.601		6.		_
	If Changing Re	gistered A	gent, <u>Signature of New</u>	Registered Agent	

Page 1 of 3

	Authorized Person(s) authorized to ma	nage, <u>enter the t</u>	tle, name, and address of eac	th person being added
MGR = Ma AMBR = Au	nager thörized Member			
Title	Name	Address		Type of Action
<u>mgrm</u>	Eddie Manes Jr	5813	Imperial Key	🗆 Add
		Tamp.	FL 33615	Remove
				Change
		1		□ Add
		<del>-  </del>		Remove
		-		Change
	<del></del>			Add
				Remove
		<del>-                                    </del>		Change
				Add
		,		□ Remove
				Change
<del></del>	<del></del>	<u></u>		🗖 Add
				Remove
				Change
<del></del>	<del></del>	- 1		□ Add
		- !		□ Remove
				☐ Change

Page 2 of 3

D. Alfam	ending any other information, enter change(s) h	ere: (Attach	additional sheets, if necessary.)	
	g-(-, -			
	<u> </u>			
•				
		<u> </u>		
		•		
		<del></del>		50
	<del></del>	-	18	√.
	<del>.</del>		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25 25 25 25 25 25 25 25 25 25 25 25 25 2
			7	- 22일: 12일:
			ਨੂੰ ਜ	·
		1	10	
				€
		:	<u> </u>	
F Fffec	tive date, if other than the date of filing:	1	(optional)	
(If an ei	Tective date is listed, the date must be specific and cannot be pr If the date inserted in this block does not meet the app		ng dr more than 90 days after filing.) Pursuant to 605.0	
docun	nent's effective date on the Department of State's recor-	ds.		
If the re (b) The	cord specifies a delayed effective date, but i e 90th day after the record is filed.	not an effec	tive time, at 12:01 a.m. on the earlie	r of:
Dated	12-27 . 201	<u> </u>		
	Signature of a member or au	thorized represe	entative of a member	
	John	Diaz inted name of si	7	
		ge 3 of 3	D	
	ı a	50 J OI J		

Filing Fee: \$25.00