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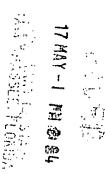
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## **COVER LETTER**

Division of Cor			
Specified States	ales Associates, LLC		
	Name of Limi	ited Liability Company	······································
•	Amendment and fee(s) are submodence concerning this matter	-	
	Judy Karniewicz, Esq.		
		Name of Person	
	The Karniewicz Law Group	р ·	
•		Firm/Company	
	3834 W Humphrey St.		
		Address	
	Tampa, FL 33614		
	<del>- 1, 11 - 1, 11 - 1, 1</del> - 1, 1 - 1,	City/State and Zip Code	***
	julie@tklg.net		
For further information co	E-mail address: (t oncerning this matter, please ca	o be used for future annual report notifica all:	tion)
Judy Karniewicz, Esq.		813 962-0747	
Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	e 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 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

	City	, Florida Zip Code
	LAIET TIOPIAA SIFEEI AA	
New Registered Office Address:	Enter Florida street ac	
Name of New Registered Agent:		
registered agent and/or the new registered offic	ce address nere:	35 ·
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the ne
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Enter new mailing address, if applicable:		73 E 1
		7
Trucipal office address most be A SIREET.	ADDRESS)	
Enter new principal offices audress, it applicad ( <u>Principal office address MUST BE A STREE</u> T.		
Enter new principal offices address, if applicab		LLC of the authorization L.L.C.
The new name must be distinguishable and contain the wor	de 47 imited 1 iability Common P the designation (	FICTORINA Abbanistica WII C 7
A. If amending name, enter the new name of t	he limited liability company here:	
This amendment is submitted to amend the follow	ving:	
Florida document number L06000066525	·	
The Articles of Organization for this Limited Liab	bility Company were filed on 07/03/2006	and assigned
(A	A Florida Limited Liability Company)	
(Name of the Limited	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)

## 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.

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
MGR	David A. Wright	8973 Palm River Rd.	
		Tampa, FL 33619	□ Remove
			■ Change
MGR	Mario Fernandez	8973 Palm River Rd.	
		Tampa, FL 33619	Remove
		· .	□ Change
			D Add
			□ Remove .
			☐ Change ☐ Add ☐ Remove
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Filing Fee: \$25.00