10700016539

(Red	questor's Name)	
(Ade	dress)	
(Add	dress)	-
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



300283335473

03/22/16--01006--018 **100.00

2016 MAR 21 AM 9: 0

HAR 2 2 2016 BRUCE

COVER LETTER

TO: Registration Se Division of Con				
SUBJECT:	Tomani Name of Lim	hed Liability Company		
. The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	The Alha	Name of Person Aff Law Firm/Company	Jroup, P.L	
	11900 Biscar	Me Blvd, Ste	289	
	Mami, FL	3318) City/Shate and Zip Code	2016 TALL	
E Guallania Grandalia		TOPFFIAU - CON to be used for future annual report notifi		throne Turks
Natasha K	concerning this matter, please co	at (78h) 618-	9703 50 To	
Enclosed is a check for t	he following amount:		,≈ ω	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 L	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on $\frac{2/13/07}{65.89}$ and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address Ty	pe of Action
MAY	Menin, Keith	3050 BISCOYNE BIND	⊐ Add
			Remove
		Miami, FL 33181 .	☐ Change
Mgr	Galbut, Javed	3050 Biscoppe Blud	□ Add
		ph 1	Remove
		M10Mi, FL 33181	□ Change
			□ Add
] Remove
			Change
			Add
		<u> </u>	Remove
		SSE 0	Change []
			Add
			Remove
			Change
			Add
			Remove
		. 🗖	Change

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	7016 1016
	The 141 man
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filin ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier ϵ
ated March 18 2016.	
ated Maych 18 2016. Signature of a member or authorized represen	entative of a member

Page 3 of 3

Filing Fee: \$25.00