L0800000048

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only State Liph Hone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Area Ford	es, LLC		• .
***************************************	(Name of Limi	ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		(Name of Person)	
		,	
	Silver Pulp, LLC		
		(Firm/Company)	
	1111 Lincoln Rd. Sui	te 400	
		(Address)	
	Miami Beach, FL 331	139	
	Wildrin Bodon, 1 2 oo	(City/State and Zip Code)	
For further information co	ncerning this matter, please ca	all:	
Enrique Cazares (Name of	Person)	at (<u>786</u>) <u>333-3544</u> (Area Code & Daytime	Felephone Number)
Enclosed is a check for the	✓ \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

SECRETARY OF STATE DIVISION OF CORPORATIONS

Area Forces, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(,	A Florida Limited Liability Company)	0NS
The Articles of Organization for this Limited L	iability Company were filed on 12/31/200	7 and assigned
Florida document number <u>L08000000048</u>	.	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Company," the	designation "LLC" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered of		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flor	ida street address)
	(City)	, Florida(Zip Code)
	14 11771	1710 0001

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Name</u> **Type of Action Title Address MGRM** Ranier Gonzalez 4425 SW 11 Street ☐ Add Miami, FL 33135 Remove Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 29th Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00