Division of Corporations

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Division of Corporations

February 1, 2017

EXXENTRIK, L.L.C. 8004 NW 154 STREET SUITE 157 MIAMI LAKES, FL 33016

SUBJECT: EXKENTRIK, L.L.C. REF: L08000022152

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

COVER PAGE IS CORRECT BUT APPLICATION IS FOR CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H17000029374 Letter Number: 017A00002004

P.O BOX 6327 - Tallahassee, Florida 32314

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3058281709

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXXENTRIK, L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 03/03/2008 and assigned Florida document number L08000022152

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JUDITH FERNANDEZ, L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:		·····	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	ل ہ۔۔	
Enter new mailing address, if applicable:	9139 N.W 152 LANE		1651
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI LAKES FL 33038	ည	
***************************************		ယ္	· .

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	JUDITH FERNANDEZ			
New Registered Office Address:	9139 N.W 152 LANE			
ANY AND DESCRIPTION OF A DAMAGE AND AND AND A	Enter Flo	Enser Florida street address		
	MIAMILAKES	Florida <u>33018</u>		
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment us 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. Thereby confirm that the limited liability company has been notified in writing of this change.

IT (Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

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Title	Name	Address	Type of Action
MGR	JUDITH FERNANDEZ	9139 NW 152 LANE	
		MIAMI LAKES FL 33018	
		······································	Change
MGRM	JUAM CARLOS ROSALES	9139 NW 152 LANE	🖾 🖓 🖓
		MIAMI LAKES FL 33018	Remove
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E. Effective date, if other than the date of filing: _______(optional) (If an effective 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 603.0207 (3(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____ 2017 Signature of a horized representative of a member 1 Judith Fernandez Typed or printed name of signee 2

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3 Filing Fee: \$25.00

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