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		(COVER LETTER _	
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TO:	Registration Section Division of Corpor	on rations		
÷	bivision of Corpor			f 1
SUBJ	ЕСТ:	BAR E Name of Limi	I HANETA led Liability Company	llc
The er	nclosed Articles of Arr	nendment and fee(s) are subn	nitted for filing.	·
Please	return all corresponde	ence concerning this matter t	o the following:	
		V16	Name of Person	ESTRADA
		2103	Firm/Company WAROUT	TE AUG
			W MARQUET	.,,,
			en F L City/State and Zip Code	
	-	LCK 2 E-mail address: (F	TONES OLUTION Do be used for future annual report notif	VAHOO.COM
For fu	orther information cond	erning this matter, please ca	II:	
	VICTOR Name of Pe	ROMED ESTR	ADA at (813) 770 Area Code Daytime	7228 e Telephone Number
Enclø	sed is a check for the f	ollowing amount:		
		□ \$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

Name of the Limited I	REI T	LANETA	ur records.)		
The Articles of Organization for this Limited Liabi	lity Company we	re filed on			and assign	ed
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liability	company here:				
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable		Company," the designa	ition "LLC" (or the abbrevi	ation "L.L.C.	
(Principal office address MUST BE A STREET A		2103	w M	MARTON	EFE	AVE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office	e address on our	records;	TARY OF STATE CORIDA the	A name of	the new
Name of New Registered Agent: New Registered Office Address:		TOR RO 3 W A Enter Florida str				
-	TAMP	City	, Flor	rida	5360 4 ip Code	<u> </u>

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

or removed	g Authorized Person(s) authorized to man from our records:	age, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MgR	MARÍA L PALENGA	8921 N HAMMER AVE	Add
		TAMPA FL 33604	Æ -Remove
			Change
MgR	VICTOR ROMED ESTEADA	2103 W MARQUETTE AVE	5X Add
		TAMPA FL 33604	Remove
			Change
			🗖 Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		ASSET ASSET	Add Add
		OF ST	P Remove
		RIDA	☐ Change

. II ainei	ding any other information, enter change(s) here: (Attach additional sheet	io, ij necessary.)	
			
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(If an effe Note:	re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 f the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.	(optional) days after filing.) Purnents, this date will	suant to 605.0207 (3) not be listed as the
) The	ord specifies a delayed effective date, but not an effective time, at 90th day after the record is filed.	12:01 a.m. on t	the earlier of:
Dated _	Maria F Palencia, 3-1-17. Maria F Palencia		
	Maria I Palerria	350	androj.
	Signature of a member or authorized representative of a member	المثلث ال _{است:} حر	
	MAQIA PAIENCIA Typed or printed name of signee	3355 3 787 9 -	_ <u>m</u>
	Typed or printed name of signee	F SI	O
	Page 3 of 3	ATE DRIDE	
	rage 5 of 5		

Filing Fee: \$25.00