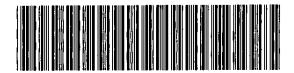
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE

K. SALY JUN - 6 2017

COVER LETTER

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C1	BJECT:		TREET, LLC		
St	DJECT		Name of Lim	nited Liability Company	
Th	e enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Ple	ease retur	n all correspo	ondence concerning this matter	to the following:	
			Jean Parra		
				Name of Person	
				Firm/Company	
			960 Millbrae Court Unit 1		
				Address	
			West Palm Beach, FL 3340	01	
			jp@mywpb.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report noti	lication)
Fo	r further	information c	oncerning this matter, please ca	all:	
Je	an Parra			561 644 5363	
		Name o	f Person	at () Area Code Daytime	e Telephone Number
En	closed is	a check for th	ne 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

2011 JUN-S PH 1:30

TALLAHASSEE, FLORIDA

8157世 Street, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L08000094963 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jean Parra, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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 = Manager 2017 JUN -5 PM 1:30 AMBR = Authorized Member SECRETARY OF STATE TALLAHASSEE, FLORIDA <u>Title</u> <u>Name</u> Address **Type of Action** □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change

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Fan effective date is listed, the listed of	he date must be spe I in this block doe	cific and cannot be es not meet the a	prior to date of filing or a pplicable statutory fili	nore than 90 days aft	er filing.) Purs	suant to 605,02 not be listed a
e record specifies a The 90th day after			t not an effective	time, at 12:01	a.m. on t	he earlier
ated 5/31		<u> </u>	17			
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	Signatu	ire of a member or	authorized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00