## L0800099507

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
SECRETARY OF STATE

FILED

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now annears an	
(INSIDE OF the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	a document number L08000099507	
This amendment is submitted to amend the fol	lowing:	2016
A. If amending name, <u>enter the new name</u>	of the limited liability company here:	FEB 2°
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	RIDE RIDE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		r records, enter the name of the no
Name of New Registered Agent:	RONNY SANCHEZ	
New Registered Office Address:	6312 PINEY GLEN LANE	
	Enter Florida s	treet address
	ORLANDO	, Florida 32819
	City	Zip Code

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RONNY SANCHEZ	6312 PINEY GLEN LANE	<b>∃</b> Add
		ORLANDO, FL 32819	Remove
			Change
MGR	DIANA M. SANCHEZ	6312 PINEY GLEN LANE	
		ORLANDO, FL 32819	Remove
			Change
	<del></del>		Add
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ffective date, if other than an effective date is listed, the da	n the date of filir	ig:	data of filing or mo	(option of days after	onal)	<b>ረ</b> ስፍ ለንበ
Note: If the date inserted in the date on the date of	his block does not	meet the applicat	ole statutory filing	requirements, this	date will not be	listed a
ordinant a cricative date on	me Bepartment of	State 3 records.				
e record specifies a del	ayed effective	date, but not	an effective ti	me, at 12:01 a	.m. on the ea	rlier o
The 90th day after the	recora is illea	•				
Pated FEBRUARY 24		2016			2016	
1	PAR				REST SI	11
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	Signature of a	member or authori	zed representative o	f a member	829 TNR)	17

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