## L08000105922

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bocument Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

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TO: Registration Sec						
Division of Corp	porations					
	0/1					
SUBJECT: 5/0/16m/						
(Name of Limited Liability Company)						
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
rease retain an correspon	nacioe concerting and matter	to the following.				
	-					
	Jose	a Haber				
		(Name of Person)				
			· · · · · · · · · · · · · · · · · · ·			
		(Firm/Company)	,			
	CM(T)	11/11/2 2 ((1)	aue 106			
	3000	$\frac{1}{1}$ (Address)	au 100			
		,				
	DIRAL 1	City/State and Zip Code)				
	DOCAL,	(City/State and Zin Code)				
		(Chyristate and Esp code)				
For further information of	oncerning this matter, please co	a][.				
To further information of						
JOSE G	Haber	at 786, 999 9	260			
(Name o	f Person)	(Area Code & Daytime To	elephone Number)			
•	,	•	•			
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,			
X	Certificate of Status	Certified Copy	Certificate of Status &			
(additional copy is enclosed) Certified C						
			(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

ARTICLES OF ORGANIZATION OF

09 FEB 19 AH 10: 52

0.	SECHERAL SECTION OF THE CONTRACTOR OF THE CONTRA					
	SECRETARY OF STATE.					
Crispy things N	redia CCC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
	11.010					
The Articles of Organization for this Limited Liability Company	were filed onand assigned					
Florida document number <u>LO 80 60 10.59</u>	124					
	•					
This amendment is submitted to amend the following:						
This amendment is submitted to amend the following.						
A. If amending name, enter the new name of the limited liab						
W PALLER AV	BLU NAMI L.L.					
The new name must be distinguishable and end with the words "Limit	ited Liability Company," the designation "LLC" or the abbreviati	ion				
"L.L.C."	toon are orather					
Enter new principal offices address, if applicable:	5050 NW-74 C	JUL.				
(Principal office address MUST BE A STREET ADDRESS)	Suite 100					
	DOCAL CL 33166	-				
	Street ) I Control	-				
Enter new mailing address, if applicable:		-				
(Mailing address MAY BE A POST OFFICE BOX)		_				
		<del></del>				
B. If amending the registered agent and/or registered of		<u>ew</u>				
registered agent and/or the new registered office address her	<u>e</u> :					
Name of New Registered Agent:		-				
New Registered Office Address:		_				
	(Enter Florida street address)					
	, Florida					
	(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 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 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 = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
			Add
			Remove
			Add
			Remove
			<b>-</b> A 4 4
<del> </del>			Add Remove
D Ifamen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	· · · · · · · · · · · · · · · · · · ·
D. II amen	uing any other information, enter chang	getty note: (Amach addinorm income, y necessary	,
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-			FEB THE
			- 19 A
Dated F	EBOL 2	069.	AM IO: 52 PER STATE PER STATE
			MIO: 52
	Signature of a member	r or authorized representative of a member	- <u> </u>
	Typed	JOSE A HABEY	

Page 2 of 2

Filing Fee: \$25.00