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# **COVER LETTER**

n . The state of t	
Name of Limited Liability Company	
endment and fee(s) are submitted for filing.	
nce concerning this matter to the following:	
Gegory Nord+	•
Name of Person	
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7501 Nw 4th ST Site 207A	
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E-mail address: (to be used for future annual report notification)	
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	Name of Limited Liability Company  Endment and fee(s) are submitted for filing.  The concerning this matter to the following:  Clean Word State Company  The State and Zho Code  Address  Physical and Zho Code  Address:  City/State and Zho Code  Address:  City/State and Zho Code  Address:  (To be used for Nume annual report notification)  Triing this matter, please call:  Area Code & Daytime Telephone Number  Son  S55.00 Filing Fee & Certificate of Status & 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

	OF			11 MAY 13 AM 11 30		
GM	hau	400	hhC	- 11 W. 12 WHII 30		
(Name of the Limited )	Liability Compa	ny as it now appe Liability Company	ears on our reco	ords.)		
(A.	rionda Eminedi	Liability Company	'\ i\	۵		
The Articles of Organization for this Limited Lia	bility Company	were filed on	12(18)	o 8 and assigned		
Florida document number		<u> </u>	, , , , , ,			
Florida document number LOCOO	113012					
This amendment is submitted to amend the follo-	wing:					
A. If amending name, <u>enter the new name of</u>	dha limitead liab	.:::::::::::::::::::::::::::::::::::::				
A. If amending name, enter the new name of	ine iimiteu nan	omty company n	<u>ere</u> :			
(\/\\ <u>\</u>	Low (-	sloup t	<u></u>	<u> </u>		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Com	pany," the desig	nation "LLC" or the abbreviation		
L.L.C.						
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	(ADDRESS)					
				<del></del>		
				<del></del>		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	(OX)					
		<u></u>				
B. If amending the registered agent and/o			our records,	enter the name of the new		
registered agent and/or the new registered off	ice address her	<u>e</u> :				
Name of New Registered Agent:						
New Registered Office Address:			7			
		E	Enter Florida st	reet address		
			, Flo	rida		
		City		Zin 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 = Managing Member **Title Type of Action Name Address** ☐ Add ☐ Remove ☐ Add Remove ☐ Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 201 Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

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