# L090000029387

(Re	questor's Name)	
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K.SALY EXAMINER SEP 19

### **COVER LETTER**

TO: Registration Se Division of Co		1	
SUBJECT:	E C ROO Name of Line	Mainter Vited Liability Company	nance LIC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Chris	han Agos	Hos.
	Ke'C K	Name of Person  Firm/Compan	nance UC
	5405 NU	1102 Ave S	te 208
	Sunnise	Address 32	351
	Kero Lir E-mail aeddress: (i	City/State and Zip Code  City/State and Zip Code  to be used for future annual report notifi	100. COM
For further information of	concerning this matter, please ca	all:	
Chnosta,	Agustos of Person	at (954) 260 Area Code Daytime	1497 Telephone Number
Enclosed is a check for t	he 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

TO ARTICLES OF O	RGANIZATION	FILFER
(Name of the Limited Liability Comba	ny as it now appears on our records.) Liability Company)	2016 SEP 15 PM 1: 43  TACTORISEF PLORISE  2 NAO
The Articles of Organization for this Limited Liability Company Florida document number 1209000338	were filed on USAUTO	7007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile.  The new name must be distinguishable and contain the words "Limited Liabile.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	tenonce L	the abbreviation "L.L.C."  AVE HQ08  33351
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del>\</del> \/ <del>\</del> \	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:	V/A	
New Registered Office Address:	Enter Florida street address	da

#### 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

Zip Code

If amendin or removed	g Authorized Person(s) authoriz <u>l from our records</u> :	red to manage, enter the title, name, and address of	each person being add
MGR = N AMBR = A	Manager Authorized Member	Address Address of Address of Address of Address of Address Of Address	
<u> Title</u>	<u>Name</u>	Address PEGALTAKY OF STATE AHASSEE, FLORIUM	Type of Action
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otive d	date, if other than the date of filing: 08/09/2014 (optional	)
effective : If th	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date 's effective date on the Department of State's records.	g.) Pursuant to 605.0
ecord e 90t	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	. on the earlie
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Filing Fee: \$25.00