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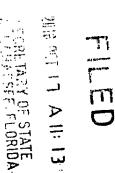
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Division of	a Section Corporations
SUBJECT:	Maliana Schwerz LLC Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Maliana Schwarz Name of Person
	Maliana Schwarz LLC Firm/Company
	Firm/Company
	3564 Magellon Circle #218
	Aventura, FL 33180 City/State and Zip Code Maliana @ Global i deas glouf. CoM E-mail address: (to be used for future annual report notification)
	Maliana @ 610 bal i deas alouf. Com E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Maliana Nan	at (786) 281-5383 Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
\$25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Solution 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

		hworz	LLC	
(Name of the Limited	l Liability Compan A Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company v	were filed onO	4/06/200	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)		<u>.</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	r registered off ce address here	ice address on ou	ır records, <u>ente</u>	
	Avent	vra	, Florida _	33120
		City		Zip Code
New Registered Agent's Signature, if changing Re	_			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cannot be appeared to the company has been notified in writing of the company has been notified in writing the com	r and complete pered agent as peregraphical representations of the contract of	performance of my rovided for in Cha	duties, and I am pter 605, F.S. O	n familiar with and r, if this document is
	If Chang	ging Registered Agent	, Signature of New I	Registered Agent
	Page 1	of 3	of ST	<u>A</u> . O

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
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		OF STAILOR	

'D. If almending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Chonge Article III
. 0
The Purpose FOR wich this Limited
Liability Compony 15 organized is:
Any Low Ful Purpose
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 10 14 16
Signature of a/nember or authorized representative of a member
Maliana Schwarz Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00