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

Office Use Only



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APR 2 6 2016 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	3120 Pill 6 Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	<u> Hic</u>	Name of Person	<u> </u>	
	31	20 PINE, U.	<u> </u>	SEC PALL
	312	O PINE TRE	E DR	ALIASSI APR 18
	HAIKI =	City/State and Zip Code 395 Obe used for future annual report notifications.	FC 33140 1. COM	TECRETARY OF TOURS
For further information con	cerning this matter, please ca	ıll:		
Hi CHELL Name of P	E GREEN	at (786) 395 Area Code Daytime	Telephone Number	
Enclosed is a check for the	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 OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
,
the Articles of Organization for this Limited Liability Company were filed on 12/30/2009 and assigned dorida document number L090012332.0 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Aailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address
Name of New Registered Agent: New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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>	<u>Address</u>	Type of Action
AMBR	MICHELLE GREEN	BIRO PINE TREE DR HIAHI BEACH & BBILO	X Add
		MIANI BEACH & 33140	Remove
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an effective date is listed ote: If the date insert	er than the date of f I, the date must be specific led in this block does r ate on the Department	and cannot be prior to ot meet the applicab	date of filing or more le statutory filing	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605,0207 ate will not be listed as
	a delayed effectiver the record is file		an effective tir	me, at 12:01 a.r	n. on the earlier of
nted 4/12	\$16	_, <u>\</u>	J.		
-	Signature of	of a member of authori	zed representative o	f a member	
-	Signature of	of a member of authori	zed representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00