## 10000033456

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
| (ALIC 1 9 2019                          |  |  |  |  |  |
| 'AUG 1 3 2012<br>L. SELLERS             |  |  |  |  |  |

Office Use Only



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SECRETARY OF STATE
ALL AHASSEF FIORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | Angela Da                          | ncourt LLC                                       |                          |                         |
|---|------------------------------------|--|--------------------------|-------------------------|
| ( <u>Name of the Limited</u>  | Liability Compa<br>Florida Limited | <u>any as it now appea</u><br>Liability Company) | rs on our records.)      |                         |
| The Articles of Organization for this Limited L. Florida document number L10000033  | ability Company                    |  |                          | and assigned            |
| This amendment is submitted to amend the follow   | owing:                             |  |                          |                         |
| A. If amending name, enter the new name of  | the limited lia                    | bility company he                                | <u>re</u> :              |                         |
|   | N/A                                | A  |                          |                         |
| The new name must be distinguishable and end wit "L.L.C."   | h the words "Lin                   | nited Liability Comp                             | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable:   |                                    | N/A  |                          |                         |
| (Principal office address MUST BE A STREE   | T ADDRESS)                         |  |                          |                         |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   |                                    |  |                          |                         |
| B. If amending the registered agent and/or registered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address: |                                    | office address on<br>re:                         |                          | e name of the nev       |
|   |                                    | Er   | nter Florida street addr | ess                     |
|   |                                    |  | , 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 Changing Registered Agent, Signature of New Registered Agent

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

F' ~

| <u>Title</u> | <u>Name</u>                    | Address  | Type of Action              |
|--------------|--------------------------------|--|-----------------------------|
| MGRN         | Carlos Arturo Alvare           | z 3207 Osborne Av<br>Tampa Fl 33614                    | Add  ✓ Remove               |
| -            |                                |  | Add Remove                  |
|              |                                |  | Add Remove                  |
|              |                                |  | AddRemove                   |
|              |                                |  | AddRemove                   |
|              |                                |  | Add<br>Remove               |
| D. Ifan      | nending any other information, | enter change(s) here: (Attach additional sheets, if no | ecessary.)                  |
|              |                                |  | SECRETARY OF TALLAHASSEE. F |
| Dated _      | 68 03                          | Paucoul)   | H 9 58                      |
|              | Signature                      | Typed or printed name of signee                        |                             |

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Filing Fee: \$25.00