# L10000084489

(Re	equestor's Name)	<del>.</del>							
(Ad	dress)								
(Ad	dress)								
(Cit	ty/State/Zip/Phone	e #)							
PICK-UP	☐ WAIT	MAIL							
(Bu	ısiness Entity Nar	me)							
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to	Filing Officer:								

Office Use Only



800273650168

06/08/15--01004--014 \*\*25.00

2015 JUN -8 P 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUH 0 9 2015 BRUCE

# COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: <u>He</u>	morial the	aby Cent	er, LLC	
	Name of Chin	iga Elability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Memoria 3430 U Tan	Name of Person  Abeya  Firm/Company  Address  City/State and Zip Code	bellanos  contra secretario de la boro contra secretario de la boro contra della boro contra	2015 JUN
	E-mail address: (t	o he used for future annual le	port notification)	-8
For further information co	oncerning this matter, please ca	ıll:	E OF	6-
Mashau Name of	Lastellano	s at ( <u><b>8/3</b></u> ) Area Code	872-720 Daytime Telephone Num	ਹ ਹ ਹ
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing F Certificate of	

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Mame of the Limited	Mexable Liability Compar Florida Limited Li	y as it now appears on our ability Company)	rtecords.	
The Articles of Organization for this Limited Liab	oility Company v	vere filed on <u>8/1/</u>	2/2010	_ and assigned
Florida document number 1000008445	89			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t				
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the designati	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	<i>Y][A</i>	ALL	2015
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>0x)</u>		PRETARY OF STATE AHASSEE, FLORIDA	FILED JUN-8 PIZ: 21
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter th</u>	e name of the new
Name of New Registered Agent:  New Registered Office Address:	1/05m	any luck W. lands Enter Florida stre	_	7Ul Ste 104
		City	, Florida <u> </u>	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 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 Begistered 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 **Title Type of Action** and Cuellar 3430 W. hmbught St, Stevery Add ☐ Change □ Remove \_□ Add □ Remove 2 □ Change □ Add ☐ Remove \_□ Change

□ Add

☐ Remove

☐ Change

	,	,									
										<del></del>	
			<b>-</b>		_						
									· · · · · · · · · · · · · · · · · · ·		
											٠.
								TALI	2015		
								₽Ŕ	JUN 6		
								ASSE		FEFTON	
					•••						•
								-11 (V	U		
<del> </del>			,				•	DRIE	Ö		
						<u></u>			2		
fective date, n effective date ofter. If the date cument's effective date of the date of t	is listed, the d inserted in	ate must be sp this block d	pecific and o	cannot be p	olicable st	of filing or a	nore than 90	(option days after fil nents, this d	ing.) Purs	suant to 605.0 not be listed	)207 I as
record spe The 90th da	cifies a de ny after th	elayed effo e record i	ective da s filed.	ite, but	not an (	effective	time, at	12:01 <b>a</b> .r	n. on t	he earlier	- of
ted	une	1 57		,201	5						
			Xh	1111	(Inn)	91					
					miallia.	~ 1		er			

Page 3 of 3

Filing Fee: \$25.00