## 111000023416

(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:

Office Use Only



100305209191

11/06/17--01023--002 \*\*25.00

17 NOV -6 AHH: 28

O CHIVINONS

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	C.R. +RADIA	UG. LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	yours 0	JIto Rizo.	
	A.C.R. +A	Firm/Company	
		Firm/Company	
	11462 Qu	ai (Boost DR.	
		1144.5	
	Siami	FL 33157-	
	,	City/State and Zip Code	<del>-</del>
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ill:	
Youis C	DJI+O BIZO	1 at (305) 253 Area Code Daytime	3926. Telephone Number
Enclosed is a check for th	_		
\$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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

A.C.B. +A	ADING	a. LLC			
(Name of the Limited)	Liability Company Florida Limited Lia	as it now appears or bility Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number	_	rere filed on	00/24/201	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabili	ty company here:		11 TO	-0
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the desig	nation "LLC" or the al-	obreviation "L.L.C."	
Enter new principal offices address, if applicable	e:				_;
(Principal office address MUST BE A STREET A	ADDRESS)				$_{-} \odot$
			<del></del> -	<u>~</u>	_
Enter new mailing address, if applicable:				<del>-</del>	_
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	•••			_
		<del> </del>			_
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on ou	ır records, <u>enter</u>	the name of the	<u>new</u>
Name of New Registered Agent:		Osito			_
New Registered Office Address:	11462	Juai (Root Enter Florida	ST DR street address		_
_	4		, Florida	33157	
		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 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

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 = Ma	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
46BH	Abelief Bamos	11462 Quail Boost DR	□ Add
		11462 Quail Roost DR	Remove
			Change
HORH	Youis Osito Rizo	11462 quail Roost Dr	Add
		Ajami FC 33157	□ Remove
			Change
			Change  Change  Add:
			6
			Remove
			Add
			🗆 Remove
			Change
			O Add
			□ Remove
			Change
·			
			□ Remove

\_□ Change

				<del></del>
				****
·				
			<i>/</i> )	
	\			
		/		
				<del></del>
		/		17 NOV -6
<del> </del>				
				64 64
		<u>,                                      </u>		
fective date, if other tha	n the date of filings		(optional)	
in effective date is listed, the d	n the date of filing: the must be specific and cannot his block does not meet the	be prior to date of filing or m	ore than 90 days after filing	.) Pursuant to 605,0207
cument's effective date or	the Department of State's	records.	g requirements, tims date	will not the fished as
record specifies a de	layed effective date, I	hut not an effective t	ime at 12:01 a.m.	on the earlier of
The 90th day after th		bat not an encerve t	me, de 12.01 o.m.	on the carrier of
ated /0/3	1/15.			
neu / / / 3	<del>///-</del> · —	711		
	_	Est 17		
	Signature of a nember	run authorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00