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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporation			·	
SUBJECT: LANGE		NOWN LCC ed Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Name of Person		
	Li	E05, LC		
•		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
_	3634 NW 2m			
		Address	, and	
	MAMI FE	33127	2013 OC:	
	Velonica 6	City/State and Zip Code	$\widetilde{\phi} \simeq \widetilde{1}$	interes.
-	E-mail address: (to	be used for future annual report notificati	on) Contraction	(
For further information conc	cerning this matter, please ca	all:		,
Vermica	Peias	at (305) 335 25	4: 37 GRAPI GRAPI	
Name of Pe	erson 3	Area Code & Daytime Te	lephone Number	
Enclosed is a check for the f	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

	NATIONA, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number \(-\)\(\)\(\)\(\)\(\)\(\)\(\)\(vere filed on	and assigned
This amendment is submitted to amend the following:		ALL ALLA
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LL	C' or the abbreviation
Enter new principal offices address, if applicable:	3634 NW 2nd AYE,	EMINNEY.
(Principal office address MUST BE A STREET ADDRESS)	TE 33177	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3634 NW 2nd Ave TE 33127	, MIAMI
B. If amending the registered agent and/or registered office address here:		e name of the new
Name of New Registered Agent:	LEDS, LIC	** N= *** · · · · · · · · · · · · · · · · ·
New Registered Office Address: 3634	NU 2nd AVE. Enter Florida street addre	ess
MIAM	······································	33127
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MOR	DANIEL PENA GIRALDI	175 SW 7760ST, SUITE#1717	Add Add
		HIANI TE 33130	Remove
M62_	VERONICA ROJAS	FI # FILLE, TOURF WE ZET	_ [2.□ _{Add}
		MIMI & 33130	Remove
			_
MGR_	LEDS, LIC	3634 NW 2nd AVE	Add
		MIAH! FL 33127	Remove
		For State of	2013 F
		(.25 (.25 (.25 (.25) (.25) (.25)	Add
			Remove.
		`\$-	Add
			Remove
			-
			Add
			Remove

	
(Mariana)	1ST 2013
October	_1ST , 2013 .
Octuber	1ST , 2013.
Octobe	Signature of a member or authorized representative of a member
Octobe	Signature of a member or authorized representative of a member
October	71.216

Filing Fee: \$25.00

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