L11000098891

(Red	questor's Name)	
(Add	tress)	
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(City	//State/Zip/Phone	e #)
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		MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I		
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N. Guilligan SEP-2 6 2014

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	(COVER LETTER	
TO: Registration Se Division of Corp			
н	UID LLC		
SUBJECT:		ted 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:	
		Name of Person	
	Glades Corr	orate Services L	10
		Firm/Company	
	1940 Wilson	Street	
		Address	
	Hollywood,	FL 33020	
	·	City/State and Zip Code	<u></u>
	ediaz@gladescs	.COM to be used for future annual report notif	ication
For further information e	concerning this matter, please c		
Elena Diaz		754 423-0	558
	of Person	at (104) Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Georgia Science Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COURI Registration Sectio	n
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	

Tallahassee, FL 32314

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2661 Executive Center Circle Tallahassee, FL 32301

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	D LLC <u>Liability Compa</u> A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Lia Florida document number L11000098891	bility Company	were filed on 08/29/2011 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	th <u>e limited llab</u>	<u>ility company here</u> :
N/A		
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	
		·····
Enter new mailing address, if applicable:		1940 Wilson Street, Hollwood, FL 33020
(Mailing address MAY BE A POST OFFICE B	<u>0.1</u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered off		ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	<u>N/A</u>	
New Registered Office Address:	N/A	

Enter Florida street address

, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Walter Tojo	290 NW 165th Street PH5	🖸 Add
		Miami, FL 33169	🖩 Remove
MGRM	Claudia Cabral	290 NW 165th Street PH5 Miami, FL 33169	Add Remove
MGR	Glades Corporate Services, LLC	1940 Wilson Street Hollywood, FL 33020	Add Remove
			Add Remove
			Add Remove
			 _ D Add _ D Remove
			-

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u>N//</u>	A
<u></u>	
	date, if other than the date of filing:(optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
	eptember 174 2014
	Signature of a member or authorized representative of a member
	Walter TOJO /
	Typed or printed name of signce
	/

Page 3 of 3 Filing Fee: \$25.00 . `

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