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Office Use Only



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SCORETARY OF STATE

**S Warren** NOV 2 1 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
Name of Philade Blacking Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lorespa VERRATE
Name of Person
Firm/Company
4309 Uillow Ridge Dr.
Weston F 33332
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual Report notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee,  Certificate of Status \$\Bigcup \( \text{carditional copy is enclosed} \)  (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

ARTICLES OF (	ORGANIZATION 🚟 🍔 📉
C	OF RESERVED
Herioz Ham	e Manage hat Lie 300 m
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company
	9131 SE 4
The Articles of Organization for this Limited Liability Company	were filed on 03111 and assigned
Florida document number	<b>₽</b> ,. <del></del>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· ·
• •	H200 1111 00 1-
(Principal office address MUST BE A STREET ADDRESS)	11 + 22221
	W-3100; 112 3 33 35 35 35 35 35 35 35 35 35 35 35 3
	420 1111 R. 1 10
Enter new mailing address, if applicable:	1301 WHOW MARC ON
(Mailing address MAY BE A POST OFFICE BOX)	- Clerrol / 12 3330°
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	r
Name of New Registered Agent:	
1.00.1.	1122 1111 01 1
New Registered Office Address:	Enter Florida street address
•	11.3
	City Zip Code
N. D. January A	and over

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 = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action Remove ☐ Change □ Add ☐ Remove Change \_D Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ₽ Add Remove Change D ☐ Remove ☐ Change

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Filing Fee: \$25.00