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## **COVER LETTER**

Division of Cor			
SUBJECT:	Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  SEBASTIAN H PARPALETTERA  Name of Person  Firm/Company  13899 BISEAYNE BYND. SIR 222  Address  NORTH MIAM! FC 33181  City/State and Zip Code  SOUTH FOR IMPPOTECTS @ HOTMAIL COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  1 H. PARPALETTERA  Name of Person  at (954) 261 8426  Area Code Daytime Telephone Number		
	Name of Lim	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:	
Division of Corporations  SUBJECT:    Date of Limited Liability Company			
		Name of Person	
		Firm/Company	for filing.  following:  #PALETERA Name of Person  Firm/Company  ARE BLYD. STR. 222  Address  C 33181  State and Zip Code  ECTS @ HOTM ALL COMed for future annual report notification)  at (954) 26 B426  Area Code Daytime Telephone Number  155.00 Filing Fee & Certificate of Status & Certificate
	Division of Corporations  CT: Darres. Invistments. C.C.  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  SEBASTIAN H. PAPALETTERA  Name of Person  Firm/Company  13899 BISEAY NE BLYD. S12. 222  Address  NORTH MIAN FC 33181  City/State and Zip Code  SOUTH FOR IMPRIETT Q. HOTMAL COM  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  STIAN H. PAPALETERA  Name of Person  at (954)  Area Code Daytime Telephone Number  d is a check for the following amount:  0.00 Filing Fee \$ \$30.00 Filing Fee & Certified Copy  Certified Copy  Certified Copy  Certified Copy  Certified Copy  Certified Copy		
	NORTH MIAM	FC 33181 City/State and Zip Code	
	SOUTH FLORIMP E-mail address: (	20 JECTS @ 140 TM No.	( COM
For further information co	oncerning this matter, please ca	all:	
SEBASTIAN H.P.	appaletters Person	at (954) 261 Area Code Daytime	8426 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

Δ	new name of the limited liability company here:  d contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  ess, if applicable:  ### ASTREET ADDRESS    MOLTH MIDNI 13 FACH FL, 33181    Policable:   13899 BISCAYNE BLVD See 222				
(Name of the Limit	ted Liability Compa	Invasit now appears on our records.)			
			, 0		
		were filed on	and assignéd\		
Florida document number 411 000 11535	<u>52</u> .		<b>*</b> ,*		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The next name must be distinguishable and contain the v	vords "Limited Liphi	lity Company " the designation "T I C" or the	abbreviation "T.I.C."		
· ·		-			
Enter new principal offices address, if applicable:		NOITH MINNI 1350(A+ F1, 3318)			
(Principal office address MUSI BE A STREE	<u> (1 ADDKESS)</u>	718 CTT 7 77 1914 1 1 1 2 1	100 100 1		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	13899 BISCAYNE BL NORTH MIGM: BEALD	VD Ste 222 + +L,33181		
B. If amending the registered agent and registered agent and/or the new registered of	_		r the name of the new		
Name of New Registered Agent:	SEBAS	STIAN H PAPPALETTERS	-		
New Registered Office Address:	13899 B	e address on our records, enter the name of the new  (AN H. PAPPALETTERY  AYNE BLYD Suite 222			
	NORTH 1	Pioni Garage , Florida, Florida	33 8  Zin Code		
		City City	inp come		

## 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 Type of Action Title Address Name Anne Solitions LCC 2645 NE 2075- DAdd MGR Aundur Fr 33110 Remove ☐ Change MIR SEBASTIAN H. Pappaletter 13899 BISHYNE BLVD Ste MAD 222. NORTH MIMI BEACH - Remove FC 33181 ☐ Change ☐ Add □ Remove □ Add 1 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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f an eff	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pr	ursuant to 605.020	D1
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	li not be listed a	is t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier	of:
	January 31, 2017		
Dated	January 31, 2017		

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Filing Fee: \$25.00