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COVER LETTER

Division of Corp	oorations		
SUBJECT: Paux	errouse Notritic	and J.J.C. Led Liability Company	
		y F y	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
•	Andul Bha	econi	
	11.50.51 15116	Name of Person	
	Paverhasse	Mutri 6 An Firm/Company	
		1 into Company	
	2230 Deim	Jar Ct Apt 534	
		Address	-
	<i>7</i>		
	- Maples -	City/State and Zip Code	
	E-mail address: (to	Decused for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	11:	
			2 - 2 .
Abdul E	shegani	at (239) 913 - Area Code Daytime	9723
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Parhase Outitor 120	low ennours on our records)	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	Company)	
The Articles of Organization for this Limited Liability Company were file	led on 11/C7/11	and assigned
Florida document number <u>Z11CCC1266C9</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. IC		
B. If amending the registered agent and/or registered office aderegistered agent and/or the new registered office address here:	dress on our records, enter the	: name of the in
	· · · · · · · · · · · · · · · · · · ·	A
Name of New Registered Agent:		
New Registered Office Address:	, ,	, i
	Enter Florida street address	
	, Florida	7 31
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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Abgela Mills	2230 Del Mar Ct AD+534 Naples FC 34119	🖸 Add
			Remove
			· · · ·
			Add
			Remove
			Add
			☐ Remove
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			325
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
_	
_	
_	
. Effecti	ve date, if other than the date of filing:(optional)
(The effer the date	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated_	8/17/2014
	1134
	Signature of a member or authorized representative of a member
	Abdul Bhegani
	Typed or numbed name of signee

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Filing Fee: \$25.00