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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
.—(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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TO: Registration Se Division of Cor				
SUBJECT:	Name of Lim	antial Laus men	1/5 LLC.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Marily3	Name of Person Firm/Company Jelow Jenus Jal Firm/Company		
	(OKIVEISTOPIC	Firm/Company	<u>)mimi </u>	
	5400 WW	76PL Cononut Address	Carek fc	
	Munik/byekz Email address: (ONT LETER FL City/State and Zip Code -15 D GMail Cle to be used for future annual report notif	33073 DM / HaeilyBuckzasagma	Ln
For further information c	oncerning this matter, please ca	all:	/	
Ma Ril 15	Velez f Person	at (<u>305</u>) <u>747-</u> Area Code Daytime	9787. Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fce & 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

2016 DEC 19 PM 3 D

Por Neistone Ginerie	al Investment Louiser or 3:06
(Name of the Limited Liability Company (A Florida Limited Lia	vas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on and assigned
Florida document number <u>L 12 000 0 5 3 3 5 7</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	Company "the decignation "I.I.C" or the abbreviation "I.I.C."
Enter new principal offices address, if applicable:	Samuel Velez
(Principal office address MUST BE A STREET ADDRESS)	
·	
*.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
•	,
Name of New Registered Agent: 5an	vel velez
New Registered Office Address: 5600 N	WELVER CONONT CLEEK FC 33073 Enter Florida street address 22072
COLON	VT Creek , Florida 330 7.3

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 = Mai AMBR = Aut	nager horized Member		
	Title	<u>Name</u>	Address	Type of Action
Î	resident	Sumuel Velez	5400 NW 74PL (neont Crack FL 33073	
				□ Remove
				Change
				Add
				Remove
	^	/		Change
lisc	President	Marikh Veha	5400 MU 7496 COUNT Creek FL 33073	Z Add
		,		Remove
				Change
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied of the record is filed.	er of:
ted	Da 14 , 5010.	
	1 bull 1/Clet	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00