L12000096815

(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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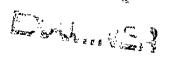
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SEP 1 1 2012

EXAMINER



COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: P. R. New Age, LLC. DOCUMENT NUMBER: L 1200096815	
DOCUMENT NUMBER: C 1 × 0000-168 / 5	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stic Rodriguez Name of Contact Person	7.17.17.17.17.17.17.17.17.17.17.17.17.17
Firm/ Company	
12750 NI 1 42 Ni	, j. j.
13350 NW. 42 Ave	**
Name of Contact Person Firm/ Company 13350 NW. 42 Ave Address Opa Locka FL. 33054 City/ State and Zip Code	
Multi-proindustries & Hotmarl. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tic Rodriguez at (786) 444-4070 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	F
Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L_120000 96815</u> .	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1275 W. 47 PL. # 317 Hialeah FL 33012
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1275 W. 47 PL. #317 Hialeah Fl. 33012
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	·····
New Registered Office Address:	Enter Florida street address
	. Florida

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 608, 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

Zip Code

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = M	anaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gracia, Peter	135 W. 58th Terr Hialeah FL. 33012	Add Remove
**************************************			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			
Dated	,	or authorized representative of a member	
	Signature of a member of	Radicale Z	

Page 2 of 2

Filing Fee: \$25.00