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EXAMINER



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SOUTH FLORIDA REO PEFSER Vation CLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONET BARROW
Name of Person
Fig. (O.
Firm/Company  2401 NW 41 AVE #403  Address
(AUDERHIII) FC, 33313 City/State and Zip Code
DoretBarron @ Yohoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (754) 200 - 5783 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

(Name of the Limited Liability	KEO PKESEKVA Company as it now appea	rs on our records.)	<del></del>	
( <u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	,		
The Articles of Organization for this Limited Liability Co	ompany were filed on	07/27/2012	and assigned	
Florida document numberL12000097395	<b></b> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	any," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)	<u>Z</u>	<u>ः</u> लि <b>रु</b>	
		.La	2 A	
		HA:		
Enter new mailing address, if applicable:		SE	2 T	
(Mailing address MAY BE A POST OFFICE BOX)		الد العا	R <b>3 I</b> II	
AND THE PROPERTY OF THE BOXY	<del> </del>		a <del>.</del> O	
		R D A		
B. If amending the registered agent and/or registered agent and/or the new registered office address.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	C:	, Florida	7: 0 1	
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DORET BARRON	2401 NW 41ST AVE APT 403 LAUDERHILL, EL 33313	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary	,)
-			
-			
Dated	August 13, Davier Ravion	2017.	
	Signature of a me	ember or authorized representative of a member  yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00