L12000132802

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(City/State/Zip/Phone #)	
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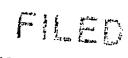
COVER LETTER

TO:	Registration Sect Division of Corp.				
SUBJ	ЕСТ:	Kubier Name of Limi	Rodney MARIC ted Liability Company	Enterprises	LLC
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			Rodney Kub Name of Person	ien	
			Firm/Company		
			B20 Bahia C	V	
			Address Longwood F(City/Spate and Zip Code Ofloridgueds, obe used for future annual report notifi		
For fu	rther information cor	cerning this matter, please ca	ill:		
	Name of I	ney Kubier Person	at (<u>321)</u> <u>279</u> Area Code Daytime	7-3798 Telephone Number	
Enclos	sed is a check for the	following amount:			
2 \$2	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, 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 ARTICLES OF ORGANIZATION



The Articles of Organization for this Limited Liability Company were filed on to 18/2012 and assigned Florida document number L 12000132802 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = Ma AMBR = Au	nager thorized M ember		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rodney Kubier	320 BALIACr.	🗆 Add
`	'	320 BALIACY.	<u> </u>
			Change
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n ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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If an effecti Note: If t	date, if other than the date of filing: (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.	07 (3 as th
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the cord is filed.	of:
Dated	1/7/15	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00