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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	92 all source for Name of Lim	reight Services L nited Liability Company	١٢		
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	•	2014 HAR 24	-17
Please return all correspondent	ondence concerning this matter	to the following:		222	,,,,,,,
	Artu	10 Uzcategui Name of Person	 	PH I OT	ί Lι
	<u>azall</u>	SOUTCE FUELSHT SEVY	ices		
	2829 india	Address	710		
	Mian Be	City/State and Zip Code	0		
	E-mail address:	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
Arturo Name o	Uzcategia of Person	at (786) 447 (Area Code Daytime	154 Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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 Compa	ny as it now appears on our records.)
(A Florida Limited I	Tobiliti Componi)
The Articles of Organization for this Limited Liability Company Florida document number	Ility company here:
The new name must be distinguishable and end with the words "Limited Liab	nitty Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	7829 Modian CIERR drive
(Principal office address MUST BE A STREET ADDRESS)	Apt 710 Miani, Beach, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7879 indian Creek acive Apt 710 Micro Beach, M 33140
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 78	Enter Florida street address
_ Mic~	City , Florida 33140 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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(The effective	date, if other than the date of filing: 03/21/14 (optional) e date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days are stocument is filed by the Florida Department of State?
Dated	03/20/14.
	A1 . A ->
	Signature of a mymber or authorized representative of a memor

Page 3 of 3

Filing Fee: \$25.00