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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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COVER LETTER

Division of Corpo			
SUBJECT:	VCP41	-LC	
SUBJECT:	Name of Limi	ited Liability Company	
	,		•
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	·
Please return all correspond	dence concerning this matter	to the following:	
	B- Jan	red Brunnabend Name of Person	
	,330	Name of Person 1 N5 1st Ave +	±1604
		Firm/Company	
• .		Address	
	MiAM	FL 3313	7
	MiAM' Jared	City/State and Zip Code City/State and Zip Code to be used for future annual report notificat	im
For Continuing Comments	,	•	ion)
or turiner information con	Rumaled	917 805	5043
Name of I		at (11) Area Code Daytime Te	lephone 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, 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

Name of the Limited	d Liability Compar A Florida Limited L	ıy as it now ap	pears on our	records.)	· · · · · ·	
				. 1		
The Articles of Organization for this Limited Lia	bility Company	were filed on	11/2	6/12	and assi	gned
Florida document number	<u> 147</u> 88) ප			•	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company	v here:			
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company,"	the designati	on "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applica	ble:	3301	NE	st Ave	#160Y 137.	
(Principal office address MUST BE A STREET	'ADDRESS)	Mi	ami t	= 1 33	137	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>'0X)</u>	<u> </u>	avi.	FL 3	#160Y 3137	
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here	:				
Name of New Registered Agent:	<u> </u>)\	oy 5	
New Registered Office Address:	3301	NE.	1stA	ve ₹16	od:	
	Ν	Vi Ami	Florida stree	, Florida _	33137 Zip Code	* * *
		City			Zip Code	
New Registered Agent's Signature, if changing Ro	egistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the prope- accept the obligations of my position as registered.	r and complete	performance	e of my dui	ies, and I an	ı familiar witi	h and

If Changing Registered Agent, Signature of New Registered Agent

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

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
•			
			Remove
			Add
			Add
			□ Add Remove
			Add Add Remove
			 -
			□ Add
			□ Remove

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.,
•	
Effective d	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	locument is filed by the Florida Department of State)
Dated	7/30/14
_	Signature of a member or authorized representative of a member
	Contract of the contract of th
	Jared Brinateral

Page 3 of 3

Filing Fee: \$25.00