L12000155933

(Re	equestor's Name)	
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(Ad	Idress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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08/15/16--01040--017 **25.00

AUG 1 6 2016

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	AGSB I. Name of Limit	now Town Is LLC		
The enclosed Articles of Arr	nendment and fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	STophen 701	Name of Person Fuence Fluin PA Firm/Company Bell Munic Address City/State and Zip Code General 4 E Small Code of the used for future unnual report notifical	¥ 1550	16 AUG 15 PH 4: KO
	711.200	City/State and Zip Code	73 0	ప్
	STop hen Ge	emm 4 @ 5 m. 1. 1	- Conn	
	cerning this matter, please ca	И:		
S7 _e	erson	at (305) 3 / 5 Area Code Daytime T	elephone Number	
Enclosed is a check for the \$25.00 Filing Fee	following amount:	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	G ADDRESS: on Section	STREET/COURIES Registration Section	R_ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

176-30 -1-7/13/12 15, IL	
(Name of the Limited Liability Companion (A Florida Limited Liability	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 412000/55933	
This amendment is submitted to amend the following:	
~	
A. If amending name, enter the new name of the limited liability	
The new name must be distinguishable and contain the words "Limited Liability	N/A
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	- 16 AU-
	فلخستهدي
	UI.
Enter new mailing address, if applicable:	70
(Mailing address MAY BE A POST OFFICE BOX)	
Maning duaress MAT DE ATOST OFFICE DOAS	
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	NIA
New Registered Office Address:	
New Registered Office Aduless.	Enter Florido street address
	Madda
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered ugent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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 = 1 AMBR =	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
P, O	Raul Fernandez Huche Can	0 40 SW 13 STWT + 402 MISM, F/ 33133	□ Add
			☐ Remove
••		· Andrewsking and the state of	Change
UP.	Carado Firmadez Arche de		
		40 SW 13 STUT = 202	□ Remove
		Muni Florda 33130	Change
UP S	Servio Francis Anha del	V, 11+4	🗆 Add
		90 50 13 " STUT ≠ 80	Z □ Remove
		Minni, Fle- 6- 3230	M Change
<u>UP</u>	Ana From der Ande L. I K	1ku 40 sw 13 " Stut = Po	≥ □ Add
		Min, Fl. d. 32/30	□ Remove
		<u> </u>	Change
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
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	722	RET
	_ 5	SET
	_ PM 1	
	- 1	
		
E. Effective date, if other than the date of filing: (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(b list e d as the	o)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.	rlier of:	
Dated July 30 2016.)	
Signature of a member or samorized representative of a member		
Rarl Ferna dez Aveki Cono Typed or printed name of signee	-	

Page 3 of 3

Filing Fee: \$25.00