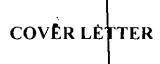
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/05/18--01017--029 **25.00



TO: Registration S Division of Co			
106803 LI SUBJECT:	LC		
30bJEC1:	Name of Lim	ited Liability Company	
		Ì	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JANIECE FAZIO		
		Name of Person	
		Firm/Company	
	1221 THUNDER TRAIL		
		Address	
	MAITLAND, FL 32751		
		City/State and Zip Code	
	(.Fazio	WEUNESS @ a to be used for future annual report to	man. Com
Pari Carla di Cara di Santa			otification)
	concerning this matter, please c		
JANIECE FAZIO		386 846-5627 at ()	
Name	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	· ·		
☑ \$25.00 Filing Fec	□ \$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)
	LING ADDRESS:	h	RIER ADDRESS:
Registration Section Division of Corporations		Registration Sec Division of Corp	
	Box 6327 Jassce, FL 32314	Clifton Building 2661 Executive	
4 941 14921	, ,	Tallahassee, FL	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Or .	Ì	\$ \$\$ \$\$ ± \$
	1	
1O6803 LLC	•	⊒ : HC
(Name of the Limited Liability Company (A Florida Limited Lia	aslit now appears on our records.)	
(A Piorida Lunited Lia	ionay Company)	5 37
The Articles of Organization for this Limited Liability Company w	era filed on 01/22/2013	and assigned
	rete thed on	and assigned
Florida document number L13000010869		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
7		
The new name must be distinguishable and contain the words "Limited Liability	Contrary "the devianation "I I C" as the shi	Laurintian of 1 C "
The new hame must be distinguishable and contain the words. Ethnica Elabini,	, ,	
Enter new principal offices address, if applicable:	1221 THUNDER TO	PAIL
(Principal office address MUST BE A STREET ADDRESS)	MAITLAND FL	32751
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offi	ce address on our records enter	the name of the new
registered agent and/or the new registered office address here:		the name of the new
N. CN. D. Sandland		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	į.	
I hereby accept the appointment as registered agent and agree		
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pro-		
being filed to merely reflect a change in the registered office a		
company has been notified in writing of this change.	and cos, thereby conjunction the un-	mea manny
	1	

If Changing Registered Agent, Signature of New Registered Agent

ar amending	g Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address o	f each person being added
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JANIECE FAZIO		□ Add
			□ Remove
		1221 THUNDER TRAIL MAITLA	
			Add
			Remove
			Change
	 		Add
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fective	e date, if other than the date of filing: $\frac{2/34/18}{}$ (optional)		
an errect ote: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date value of the Department of State's records.		
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the earlie	er c
nted	2/24 2018		
	Signature of a member or authorized representative of a member		
	Januere Fazio		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00