L13000023146

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(City/State/Zip/Phone #)				
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SECRETARY OF STATE

APPROVED AND FILED

C. LEWIS

DEC 1 9 2013

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPROVEU

13 DEC 18 PH 1: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ame of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L130000 23146 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." 144 NW BERKELEY AVE PORT ST. LUCIE PC. 349 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: 144 NW BERKELEY AVE.
Enter Florida street address New Registered Office Address: PORT ST. LUCIE Florida 34986
Zio Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. Ifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lamfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MARM	HECTOR RUZ	11339 MOONSHINE CREEK CIR	Add
:		ORLANDO FL 32825	Remove
MGRY	LUIS F. BEDOYA	144 NW BERKELEY AVE	Add
·		PORT ST. LUCIE FL 34986	Rепюче
M <u>GR</u>	LUIS F. BEDOYA	144 NW BERKELEY AVE	Add
		PORT ST. LUCIE PL 34986	Remove
***************************************			Add
			Remove
: !			Add
			Remove
			Add
			Remove

APPROVED D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessfully ED 13 DEC 18 PM 1: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2013 NOVEMBER Dated Signature of a member or authorized representative of a member HECTOR RUN_
Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00