L13 000034747

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
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10/24/13--01016--011 **50.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
		orida
New Registered Office Address:	Enter Florida s	straat addrase
Name of New Registered Agent:		
registered agent and/or the new registered office address her	<u>e</u> :	
B. If amending the registered agent and/or registered of		, enter the name of the new
		44 3 11
(Mailing address MAY BE A POST OFFICE BOX)		200 S 100 S
Enter new mailing address, if applicable:		10 5 1 1 mm
		£15.
(Principal office address MUST BE A STREET ADDRESS)	Coconut creek	
Enter new principal offices address, if applicable:	2803 Caran	nhala Cir South
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	gnation "LLC" or the abbreviation
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000036, 743</u> .	were filed on	2/15 and assigned
	مارساه	D ₁ 2
Name of the Limited Liability Compar	ny as it now appears on our reco	ords.)
God Kleer Touching		

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 608, 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.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COO BIESSING INUCKING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mex Guessier Name of Person God bless Junkins LL
2803 Casambola cil, S
Coconcet Creek FL 33066 City/State and Zip Code Re × 330648 Gues-1 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (75h) 226-7286 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & \$25.00

(additional copy is enclosed)

Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MAA	Darlene Emmanuel	3510 NE 1st Ave apt A	Add
,		Pompano Beach &L	Remove
		33064	
MGM		Janice L Krelic	_ [] Add
		2803 Carambola ci	Remove
		Coconud Creekfl33	<u>10</u> 66
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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		है हैं . * व * व	Remove
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			Add
			Remove
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			Add
		· .	Remove

If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
1/1/	
ed 4/17/20/	3
, / ,	
	Signature of a member of authorized representative of a member
1800	Signature of a member of authorized representative of a member
HIEX	Typed or printed name of signee
	Page 3 of 3

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