## L13000041857

(Re	equestor's Name)	_
(Ac	ddress)	_
(Ac	ddress)	_
(Ci	ity/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	_
Certified Copies	Certificates of Status	_
Special Instructions to	Filing Officer:	7
		i





400282752184

03/03/16--01015--014 \*\*30.00

SECRETARY OF STATE

2016 WAR -3 P 12: 35

MAR 0 4 2016

**3** MASON

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Row	Name of Limit	Liability Company	LLC-	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Willian	Birchard Name of Person		
	Andronics	Sone Blue Firm/Company	rie	
	3665 East	Bay Dr = 15 Address	7	
	Lango	City/State and Zip Code		
	Wildbill 303 E-mail address: (f	Yahoo.eom ó be used for future annual report no	otification)	
For further information co	oncerning this matter, please ca	11:	<i>8</i> ~	847-4150
Williau	Buchard	at (727) 3 d 3 Area Code Dayti	3 - 7328 ime Telephone Number	- 1.,
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	(28 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fe Certificate of S	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andronics Jupar	Blue Lle	our records
(A Fig.	bility Company as it now appears or orida Limited Liability Company)	tour records.
The Articles of Organization for this Limited Liabilit		3 20 2613 and assigned
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the desig	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u> .	
(Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:		or records, enter the name of the new
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regist	·	Zip Code
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in this cap ad complete performance of my d agent as provided for in Cha tered office address, I hereby o	duties, and I am familiar with and peter 605, F.S. Or, if this document is
		210 2
	If Changing Registered Agent	Signature of New Registered Agont
	Page 1 of 3	

If amending Authorized Person	(s) authorized to	manage, <u>enter</u>	the title, n	ame, and a	address of eac	h person	being added
or removed from our records:							

MGR = Manager

AMBR = Authorized Member **Type of Action Title Address** Name 1 Baryatun, FNU 3665 East Bay Dr "151 Add.,

LArgo, FL 3377/ Remove mer \_□ Change \_ Add \_□ Remove □ Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change U <u>₩</u>□ Remove \_□ Change

If amen	ling any other information, enter change(s) here: (Attach additional sheets, if	necessary.)	
_	,		
_			<del></del>
		<del></del>	_
-			
_			<del></del>
_		· · · · · · · · · · · · · · · · · · ·	
<del></del>			
Note: I	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days  the date inserted in this block does not meet the applicable statutory filing requirements  the date on the Department of State's records.	optional) after filing.) Pursuant to this date will not be	605.0207 ( listed as t
	rd specifies a delayed effective date, but not an effective time, at 12:	01 a.m. on the ea	rlier of
Dated _	3/3/2016.		
	Signature of a member or authorized representative of a member	2015 200 84	
	William Birchand Typed or printed name of signee	25 B	Comments of the Comments of th
	Typed of printed fiame of signed	24 SE D	
	Page 3 of 3	P 12: 35 OF STATE OF LORIDA	J
	Filing Fee: \$25.00	35 TE 35	