# 113000052283

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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FILED

14 AUG 18 PM 1:45

AUG 2 0 2014

T BROWN

## COVER LETTER TO: **Registration Section** Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call:

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	SALL ALL
	Company as it now appears on our records.)  Implicit Liability Company)  Impany were filed on 4/9/201	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited of the limited of the limited of the new name must be distinguishable and end with the words "Limited new principal offices address, if applicable:	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	ZSS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		er the name of the new
Name of New Registered Agent:	H/A.	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code

#### 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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Type of Action Title **Address** Name AMBR. Carlos Ulises Colan 6901 Pembroke Road Secretary. Apt#Z. Pembroke Pines, FL 33 ☐ Add ☐ Remove ☐ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove ☐ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A.
E. Effectiv	e date, if other than the date of filing: (optional)
	e date, if other than the date of filing:
Dated	ADG 14th 2019.
Dated _	W. T.
	H. H. C.
	Signature of a member or authorized representative of a member
	Walter Vnoquez.
	Typed or printed name of signee

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Filing Fee: \$25.00