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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Escalante Hame Main Finance 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:
Caleb Escalente Name of Person
Escalante Hame Maintenance Firm/Company
1516 SW 1st Ave Boca Raton, FL 33432 Address
City/State and Zip Code Calybe. ehm @ Gmail. Com E-mail address: (to be used for future annual report notification)
F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Called Escalarate at (561) 235 - 9351 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Solution Soluti

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 04/29/2914 and assign Florida document number <u>L13000057-H19</u> .	ed
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
C.E. CUSTOMS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C	."
Enter new principal offices address, if applicable: [516 5W 13t Ave:	
(Principal office address MUST BE A STREET ADDRESS) Boca Raton FL (33)	132
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Baca Rafa Ft 3343	2
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	the new
Name of New Registered Agent: Control John Escalante	(Some)
New Registered Office Address: 1516 Sw/ 15 Ave	
Baca Rates, Florida 33432 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
	1//	-	Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cate. If the date inserted in this block does not meet iment's effective date on the Department of States.	nnot be prior to date of the the applicable statu	filing or more than 90 days a	ptional) fter filing.) Pursuant to 605.02 this date will not be listed
ecord specifies a delayed effective dat se 90th day after the record is filed.	e, but not an effe	ective time, at 12:0	1 a.m. on the earlier
d November 21st.	2917	4	

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Filing Fee: \$25.00