

L130000075577

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MMXVII CONSULTING LLC
Account Number : I20170000085
Phone : (954)736-7418
Fax Number : (786)916-3913

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TALLAHASSEE, FLORIDA

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Email Address: MMXVIICONSULTING@GMAIL.COM

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FLONE13 LLC**

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLONE13 LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on **05/23/2013**

Florida document number **L13000075577**

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2625 WESTON ROAD - SUITE D
WESTON, FLORIDA 33331

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2625 WESTON ROAD - SUITE D
WESTON, FLORIDA 33331

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:

MMXVII CONSULTING LLC

New Registered Office Address:

2625 WESTON ROAD - SUITE D

Enter Florida street address

WESTON

City

Florida

33331

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

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>GRIMALDI, MARCELA E</u>	<u>2625 WESTON ROAD - STE D</u>	☒ Add
		<u>WESTON, FLORIDA 33331</u>	☐ Remove
			☐ Change
<u>MGR</u>	<u>MAYORA, ARMANDO R</u>	<u>2625 WESTON ROAD - STE D</u>	☐ Add
		<u>WESTON, FLORIDA 33331</u>	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(c)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated **NOVEMBER 18TH** . 2018

Signature of a member or authorized representative of a member

ARMANDO R MAYORA
Typed as printed name of writer

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