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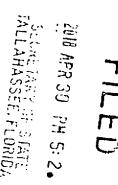
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# **COVER LETTER**

TO: Registration Section Division of Corporations
Division of Corporations  SUBJECT: AEM New towns towns towns to Subset New New New CI: 11 be Name of Limited Liability Company  Sex Rescue Method Wither adventore.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Money   Villave de Name of Person
Please return all correspondence concerning this matter to the following:
Firm/Company
CSIC NC 41Stace Address
- <del>- 3   - 3   </del>
Captain Might 860 Yello Com
For further information concerning this matter, please call:
Modue / Villaver de at (786) 300-2141
√ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

### 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**

(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number \( \lambda \frac{1300078835}{} \).	npany were filed on 05/31/13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
	identire UL
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:	ZSIZ Ne 41.Stace
(Principal office address MUST BE A STREET ADDRES	ss) trimeStacid FC 33033
	7517 - 12 1/16/15/10
Enter new mailing address, if applicable:	7517 NE 41Stave homestiad FC 33033
(Mailing address MAY BE A POST OFFICE BOX)	home Street FC )XOSS
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the restance</u>
	AL CE
Name of New Registered Agent: MoCKC	1 Villaverde 32 =
New Registered Office Address:	2517 NR 41St CVR SS & & S
L. np S	्री हैं हैं हैं है
_ 1 \( \sum_{1} \sum_{1} \)	City Florida Silv Zip Code
New Registered Agent's Signature, if changing Registered A	gent:
hereby accent the appointment as registered agent and	I garee to get in this canacity. I further garee to comply with

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MSV.	Miguel Villaver de	2512 Ne 415+ oue	
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Effective dat	e, if other than the date of filing: tte is listed, the date must be specific and cannot	ot be prior to date of filing or	(option	ial)	330 <del>7</del> 7
Note: If the o	ate inserted in this block does not meet the fective date on the Department of State's	he applicable statutory fili	ng requirements, this d	late will not be listed	d as th
	out on the population of state is	, 1000103.			
the record s	pecifies a delayed effective date,	but not an effective	time, at 12:01 a.i	m. on the earlie	r of:
	day after the record is filed.				
Dated 4/2	<u> </u>				
	Q = 1	>			
_	Signature of a member	er or authorized representativ	e of a member		
	eM2 =1	al (blace)			
<u> </u>	1/\/\C	or printed name of signee	K.,	<del></del>	

Page 3 of 3

Filing Fee: \$25.00