13500089251						
(Requestor's Name) (Address) (Address)	900254920689					
(City/State/Zip/Phone #)	12/31/1301025002 **25.00					
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Office Use Only						

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT 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:

of Person hion (1300 E Bay drive unit I) at m/Company Unit ive 3 Ø C on E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

15 41-1-Name of Person Davtime Telephone Number

Englosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

	ES OF AME TO S OF ORGA OF				
<u>(Name of the Limited Liability</u> (A Florida	AShi On ty Company as it a Limited Liability	BEAC now appears on ou Company)	r records.)	LC	
The Articles of Organization for this Limited Liability (Florida document number 430008925/	Company were fil 	led on U/ 2	0/13	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability cor	npany here:			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liab	oility Company," the	e designation "LLC	" or the	abbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
			<i>(</i> , -	-	
				B 	
Enter new mailing address, if applicable:	<u></u>				· r
(Mailing address MAY BE A POST OFFICE BOX)				- N	۳., مد ب
			17) - 17) -	1.0	
					. # <u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office ad	dress on our rec	ords, enterathe	name c	of the new
registered agent and/or the new registered onice and	<u>ui ess nei e</u> .		A		
Name of New Registered Agent:					<u></u>
New Registered Office Address:					
	Enter Florida street address				
	· · · · ·		, Florida		
	City		Z	ip Code	
New Registered Agent's Signature, if changing Registere	ed 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> *<u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
7	Jimmy Vu	1300 E Bay drive Larso FL 33770	Add
		Larsi Fl 3,3770	Remove
			Add
			Remove
			Add
-		 نرین ج	Remove
			····· Remove
			5
			Add
			Remove
			Add
			Remove

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

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	1.1.6	M	
Effective date, if other than the date methods an effective date is listed, the date methods are the date methods	te of filing: 12/29	A013	(optional)
an effective date is listed, the date m	ust be specific and canno	be more than 90 day	s after filing.) (605.0207 (3)
an effective date is listed, the date m	7 12/29	9/2013	
ated 2 / 29 / 28/	2 ,		
	/	2	
1 tota	14	e	
Signa	ture of a member or author	ized representative of a	member
Galini	16 andia		
- Mulla	Marris	name of signce	



Filing Fee: \$25.00

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