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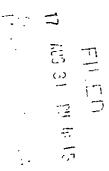
(1	Requestor's Name)
(.	Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Business Entity Name)
	Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporati	ons	· ·		
SUBJ	ECT: TNDI		A PINEDA LLC ited Liability Company		
The ei	nclosed Articles of Amend	lment and fee(s) are sub	omitted for filing.		
Please	return all correspondence	e concerning this matter	to the following.		
	_	Jim	Name of Person		
			MART LLC		
		5550	SW 87 AVENUE		
	_		FL. 33165 City/State and Zip Code		
	_		stax & Egmall. Co	ication)	
For fu	rther information concern	ing this matter, please c	ali:		. ^
	Jin Sier Name of Person	ARA		7310 : Telephone Number	1 100 31 04 16 16
Enclos	sed is a check for the follo	owing amount:			7
\$ \$2	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	# To

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

INDIRA A	ACOSTA PINEZA LLC	
(<u>Name of the Limited</u> (2	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia		2013 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi		is, enter the name of the new
New Registered Office Address:	Enter Florida street addr	المهمد المنطق
		•,)
	City .	lorida
New Registered Agent's Signature, if changing Re		• ••
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in the company	agent and agree to act in this capacity. If r and complete performance of my duties, overed agent as provided for in Chapter 605 egistered office address, I hereby confirm t	nd I am familiar with and , F.S. Or, if this document is

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	RODOBEL CARDOSO	11312 Livingston Mill Rd	¼ Add
		-1	□ Remove
			Change
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			🖸 Add
			Remove
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Note:	ive date, if other than the date of filing: Aug 26,207 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	nt to 605.0207 (3)(b) be listed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of:
_	/)	-,
Dated	Ava 28 2017	
,		
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00