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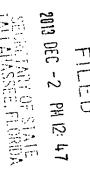
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ст:	7914 Name of Limit	Building LLC red Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspon	dence concerning this matter	to the following:	
		ALEX	Arguelles Naboof Person	
		4	MASSMENT Group	uc
		11098 Ruce	ayof blad, lit	<u> 203</u>
		Mismi	City/State and Zip Code	
		ALEX. Arque	lles O Tzadik con Sul	ting.com
For furt	her information co	ncerning this matter, please co		
14	Name of	veuelles	at (954) 7 6 2 - 7 Aren Code & Daytine Te	828 Elephone Number
Enclose	d 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2013 DEC -2 PM 12: 47

•	01		しょうかん さずる
7914	Building LI	C	SECHETARY OF STA TALLAHASSEE, FLOR
Name of the Limited Liability Co (A Florida Lim	ompany as it now appears or lited Liability Company)	a our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on64	8 12013	and assigned
Florida document number <u>L13000 115798</u>		• •	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	i liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company."	'the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			
Enter new mailing address, if applicable:		···	
(Mailing address MAY BE A POST OFFICE BOX)			
			····
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		*	
New Registered Office Address:	Enter .	Florida street addr	ess
		, Florida	
	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 608, 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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

Mgh MKK grang ill 11098 Bricagel blid #203 Ad Ada Rer Ada Rer Ada Rer Ada Rer	MGKM = Man	aging Member			
					Type of Action
	MGL	MEK	group ile	11098 Bricayof Blid #203	Add
				Muome + 2 33161	_ Remove
			 		Add
Rer Add					Remove
					Add
					_ Remove
					Add
					Remove
					Add
					Remove
Res					. Add
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•	other information, enter change(s) here: (Attach additional sheets, if necessary
,	
 	
	^
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	Clode
	Signature of a member or authorized representative of a member
	1 1 A B
	ALEX HVQUEUS Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

PALLED

2019 DEC -2 PH 12: 47

STORITANY OF STATE
TALLAMASSEE, FLORIDA