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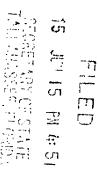
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	.
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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JUN 1 6 2015 S. YOUNG

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	ET:				
		Name of Lim	ited Liability Company		
		•			
The encle	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		A /	/ 1 / / / / / / / / / / / / / / / / / /		
			Name of Person		
			Firm/Company		
		/	Address		
			City/State and Zip Code	₹:3 ८	÷
	••	E-mail address: (to be used for future annual report notific	ation)	-n
For furth	er information co	oncerning this matter, please ca	all:	33.50 G	1
		<i>I</i>	at () Area Code Daytime T	77	
	Name of	Person	Area Code Daytime T	Telephone Number	
Enclosed	l is a check for th	e following amount:			
\$25.0	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 OF

(11 10) out that	near English Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L/3000/21637</u> .	pany were filed on Agust 28, 201	3 and assigned
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 I	Liability Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
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 address		طسر د
Name of New Registered Agent:		5 5 7
New Registered Office Address:	Enter Flortad street/address	SSENSE IN LEGISLATION OF THE PROPERTY OF THE P
Control of the Contro	City, Florida	Zip Code: O

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	christian Rojas	8321 N ovangeview Ave Tampa XL 33617	Add
			□ Remove
			☐ Change
AMBR	Adan Zaldivar	805 ELOTUS ST Tampa FL 33612	DAdd
			Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
			Change T
			Add 32
			☐ Remove
			Change
			Add
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			☐ Change

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Tective date, if other than the date of filing:	o nal) filing.) Pursuant to 605.0'
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	.m. on the earlier
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ated,	TARE THE
Signature of a member or authorized representative of a member	23 -
Here I I - 1 - 1 - 1	<u>் கி.</u> ச
Signature of a member or authorized representative of a member NGH9191 MGCh900 Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00