LIBOOITTEPS

(Paguastara Nama)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	\neg
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	TO DETAIL "LLC"		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RONALD KARRAN		
		Name of Person	
	HAND IN HAND PROFE	SSIONAL SERVICES	
		Firm/Company	
	1443 N PINE HILLS RD		
		Address	
	ORLANDO ,FLORIDA,32	2808	
		City/State and Zip Code	
	handinhand@cfl.rr.com	o be used for future annual report notification	
For further information of	concerning this matter, please ca	•	,
RONALD KARRAN		407 295-1888 at ()	20 20 ALL
Name o	of Person	Area Code Daytime Telep	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Florida document number <u>L13000122898</u> This amendment is submitted to amend the following:	l assigned
Florida document number L13000122898 This amendment is submitted to amend the following:	l assigned
· ·	
A T6	
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 Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address if applicables. 6413 RUTHIE DR	າ "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) ORLANDO, FLORIDA, 32818	
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: 1443 N PINE HILLS RD	
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO	
FLORIDA.32808	
Description of the second of t	2810
B. If amending the registered agent and/or registered office address on our records, enter the nan registered agent and/or the new registered office address here:	me of the ne
Name of New Registered Agent:	- Inches
New Registered Office Address:	- I have
Enter Florida street address	2

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> <u>Address</u> **Type of Action** _□ Add _□ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add _□ Remove ☐ Change ☐ Add ☐ Remove ÷ _H Change □ Add ☐ Remove ☐ Change

	on, enter change(s)				
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ffective date, if other than the da	ate of filing:			(optional)	2016 C
an effective date is listed, the date must be lote: If the date inserted in this block	k does not meet the ap	pplicable statutory	g or more than 90 da / filing requireme	ays after filing.) I nts, this date w	ill not be listed
ocument's effective date on the Depa	artment of State's rec	ords.			
e record specifies a delayed e	effective date, bu	t not an effect	ive time, at 12	2:01 a.m. o	n the earlier
The 90th day after the record			•		
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AUGUST, 10 TH,	2016				
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Jared	,	·			
Jated	, 2016 gnature of a member or	authorized represen	ntative of a member		

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Filing Fee: \$25.00