13000	130691
(Requestor's Name) (Address) (Address)	700271716477
(City/State/Zip/Phone #)	04/16/1501013011 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	211 APR 16 PH 1: 32
Office Use Only	AP? 27 2015

ľ

L

İ

## **COVER LETTER**

10:	Division of Corporations
SUBJE	Anaie 974 LIC
	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:



Enclosed is a check for the following amount:

\$25.00 Filing Fee

Ł

Status \$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

,	
AR'	TICLES OF AMENDMENT TO
ART	ICLES OF ORGANIZATION
	OF
(Name of the Limit	<u>ted Liability Company as it now appears on our records.</u> (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number <u>L1300012</u>	iability Company were filed on $\underline{Q - 16 - 13}$ and assigned $\underline{O691}$ .
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	TADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
·	
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Antone gendre 35 5 F
New Registered Office Address:	SOT N Alberts Aule I M
	Fort lander Lale, Florida 3331
New Designation of American Street Street Street	

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

ί.,

.

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			Remove
			Add
			Add
			Remove
			Add
			Add
			Add
			Remove

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

· \_

,

•

-

<u> </u>						<b>.</b> .	
					·····	<u>.</u>	
					······································		
			· · · · · · · · · · · · · · · · · · ·				
					· · · · · · · · · · · · · · · · · · ·		
		•					
					<u> </u>	·	
				. <u></u>			
		• •					
		·····				. <u> </u>	
(If an effective <u>Note:</u> If the document's	date is listed, the date in serted in effective date on	n the date of filin ate must be specific an- this block does not r the Department of S	d cannot be prior to dai neet the applicable : State's records.	statutory filing req	uirements, this date	) Pursuant to 605.0 will not be lister	APR
) The 90th	h day after th	layed effective ( e record is filed)	date, but not an	effective time	, at 12:01 a.m.	10	
Dated	pil 1	b	, <u>2015</u> .			Siver Loring	
_		Signature of a	member or authorized	representative of a	member		
_		Ante	Sine Ger	icre			
_			Typed or printed nat	me of signee			
			•				

Page 3 of 3

Filing Fee: \$25.00