L1300014164Z

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

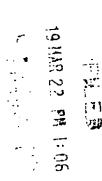
Office Use Only



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COVER LETTER

TO: Registration S Division of Co			,
SHRIFCT:	Call Paduce 111		·
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	A1e;andro_	Name of Person	<u>,</u>
	3	Name of Person	
		Firm/Company	
	<u>2814_ss</u>	Address	
	West Palm Bea	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ication)
For further information	concerning this matter, please ca	ntl:	
Alejado	of Person	at (<u>561</u>) <u>543 . 60</u> Area Code Daytime	o > : Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

(Name of the Limited Liability (A Florida Li	Company as it now appears on our reconniced Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Cor	pany were filed on	and assigned
Florida document number <u>L13000141643</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Li.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		. 4)-
		22
Enter new mailing address, if applicable:		्य भि
(Mailing address MAY BE A POST OFFICE BOX)		- di
		- O.
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ds, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent an	l agree to act in this capacity. I fo	urther agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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
ANBR	Felipe Lelis	8148 Bridgewater Louet, Unit A	🗹 Add
		West Palm Beach, FL 33406	□ Remove
			Change
NGR Lamilo Celis	235 Lourtney Lakes Lincle	I Add	
	West Palm Beach, FL 33401	Remove	
		Change	
			_ Add
		□ Remove	
		🗆 Change	
			□ Add
			□ Remove
		□ Change	
			□ Add
		_ □ Remove	
		Change	
		🗆 Add	
			_□ Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	03,19,2019
	Signature of a member or authorized representative of a member
	Nicholes Andrews Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00