## 413000/48746

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
•	-	,
(Do	ocument Number)	
•	,	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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DEC 1 6 2013 T. **HAMPTON** 

## **COVER LETTER**

TO:	Registration Section Division of Corp.		e e	
SUBJI	ECT:		ed Liability Company	2116
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Lu	15 Rumiu 2 Name of Person	
		_ Best Fi	nanciel Sennice +	Associates Inc
		8728	Rusucola Blvc/. Address	
		Ansaco	City/State and Zip Code	
		B-mail address: (to	ls+financialstrvites (Cobe used for future annual report notification	on)
For fu	rther information co	ncerning this matter, please ca	all:	
	Lus E Name of	(mi/fz_ Person	at ( <u>\$\$0</u> ) <u>\$77.684</u> Area Code & Daytime Te	elephone Number
Enclos	sed is a check for the	e following amount:		
Q \$2	5.00 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 Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	lity Company were filed on October	22 ,2013 and assigned
Florida document number <u>L  3000148 744</u>	······································	NI3 DEC
This amendment is submitted to amend the followi	ing:	See To
A. If amending name, enter the new name of th		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the	designation "LECT or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<del>_</del>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	0	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
	C'a.	, 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

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Javier Sanchez MGR 1860 Reverest Navarre F1 325 lele Remove Remove Remove Remove Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ited	12/10 ,2013
	gention Com
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 DEC 13 PM 1:40
SECRETARIES