## 1300/65861

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	ocument Number)	
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DIVISION OF CORPOTATION

N COOPER JUN 22 2018

## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	<del></del>
	- Buchuch	Firm/Company	<del></del>
	1310 Seeds	Address	<del></del>
	SCUCISO LCI, F	City/State and Zip Code	
	E-mail address: (	into ye Doi'y Colin to be used for future annual report notif	e COV
For further information co	oncerning this matter, please co	di:	
Name J	Charez Person	at ( <u>QQL</u> ) <u>718-7</u> Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (add:tional copy is enclosed)	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**

DEMCINCI (None of the Limite	A Liability Comp	nny as it now appears Liability Company)	on our records.)	·	
(	A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Lia	ability Company	were filed on	1197113	and assig	gned
Florida document number <u>L13000165</u>	861.				
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liab	oility company her	<u>'e</u> :		
The new name must be distinguishable and contain the wo	ords "United Liab	ility Company," the de	signation "LLC" or t	he abbreviation "L.f.	.c."
Enter new principal offices address, if applica	able:		<del></del>	<b>___</b>	— <u>₹</u>
Principal office address MUST BE A STREET ADDRESS)			<del>_</del>	<del>- 2</del> 5	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>-2</u> 27
Enter new mailing address, if applicable:					- 200 - 200 - 201
(Mailing address MAY BE A POST OFFICE I	BOX)			æ	- ( <u>- (</u>
	<del></del>			59	
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, <u>e</u> p	eter the name o	f the nev
Name of New Registered Agent:	Jorge	2 Chaves		· · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:	<u>1310</u> Se	eds Ave	da street address		
	5	XCLEO+Q	, Florid:	a <u>3433</u> 7. Zip Code	<del></del>
New Registered Agent's Signature, if changing R	egistered Agent				

Thereby 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 60% F.S. Or, if this document is heing filed to merely reflect a change in the registered office address. I hereby conform 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 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>	Name	Address	Type of Action
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<u>nte:</u> If the date inse	her than the date of ed, the date must be spe- erted in this block doo date on the Departm	es not meet the	applicable statute	ing or more than 90 da ory filing requiremen	(optional) is after filing.) Pursuant is, this date will not b	to 605,020 e listed a
The 90th day a	fter the record is		ut not an effe	ctive time, at 12	:01 a.m. on the $\epsilon$	earlier (
ned June	13th	100	\$/	<del></del>		
			r authorized repre			

Page 3 of 3

Filing Fee: \$25.00