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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e) ·
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Certified Copies	_ Certificates o	of Status
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OBETARY OF STATE

APR 2 0 2016

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COVÉR LETTER

TO: Registration Se Division of Cor		•	
FLOAT BA	ALL LLC		
SUBJECT:	Name of Lin	nited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GIOVANNI LUIGI FRAN	NCA VASCONCELOS	
		Name of Person	
	LARSON ACCOUNTING	AND CONSULTING SERVICES	}
		Firm/Company	
	8615 COMMODITY CIR	STE 06	
		Address	<u> </u>
	ORLANDO, FL 32819		
		City/State and Zip Code	
	consulting@larsonacc.com		A CONTRACTOR OF THE CONTRACTOR
		to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
GIOVANNI LUIGI FRA		at (<u>305</u>) 546 6	2788
Name of	Person	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 (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

FLOAT BALL LLC			AREA TO		
(<u>Name</u> of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)			
The Articles of Organization for this Limited I Florida document number L13000166328			OF S Lyand assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited ligh	nility company hore:			
N/A	n the minted hab	mey company nere.			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		13818 SW 152nd STREET			
(Principal office address MUST BE A STREE		UNIT 135			
		MIAMI, FL 33177	3.14		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13818 SW 152nd STREET			
		UNIT 135			
			MIAMI, FL 33177		
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our record <u>e</u> :	is, enter the name of the new		
Name of New Registered Agent:	LARSON ACCOUNTING AND CONSULTING SERVICES LLC				
New Registered Office Address:	7901 KINGSPO	DINTE PKWY STE 17			
		Enter Florida street addre	WN		
	ORLANDO		lorida <u>32819</u>		
		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 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



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
N/A	N/A	N/A	□ Add
			□ Remove
			Change
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