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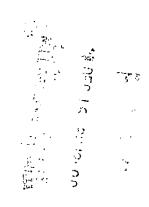
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TÓ: Registration Section Division of Corporations
SUBJECT: Sowice Most LLC 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:
Marie B. Bun-Aime
Firm/Company
766 S W Dorchester Street
Pot Stucie, FL 34983 City/State and Zip Code Semail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Move Bun Aiml at 786 419-5703 Name of Person Name of Person

Certificate of

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Certificate of Status

□\$30.00 Filing Fee &

Certified Copy
(additional copy is enclosed)

□\$55.00 Filing Fee &

(additional copy is enclosed)

Certificate of Status &

Certified Copy

□\$60.00 Filing Fee,

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 Compa (A Florida Limited)	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12 2 13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial The new name must be distinguishable and end with the words "Lim"L.L.C."	Einancial LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	18 _{1,4}
Enter new mailing address, if applicable:	$r_{n} < n$
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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>	Name	Address	Type of Action		
			Add		
			Remove		
		· · · · · · · · · · · · · · · · · · ·			
			Add		
		 	Remove		
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			Add		
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
Dated 4	Seconder 11, 2013
	mania / Hier/Line
	Signature of a morpher or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00