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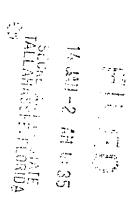
(Requestor's Name)
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, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration So Division of Co		المهاد _{فر}	
	J L.L.C.		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leopoldo Hernande	z	
		Name of Person	
	Carmel Business Llo	ο.	
		Firm/Company	
	2550 NW 72 Ave. #	115	
		Address	
	Miami, Florida 3312	2	
	carmel.business@gn	City/State and Zip Code nail.com	
	E-mail address: (to be used for future annual report notificat	ion)
For further information of	concerning this matter, please co	all:	
Leopoldo Hernand	dez	305 9659425	
Name o	of Person		elephone Number
Enclosed is a check for t	he 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

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on L13000176598 Florida document number	/2013 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here: 14732 LJJ LLC				
The new name must be distinguishable and end with the words "Limited Liability Company L.L.C."	," the designation "LLC" or the abbrevia			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	50 ··			
Enter new mailing address, if applicable:	일, (V) 			
Mailing address MAY BE A POST OFFICE BOX)				
	D. Holling			

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 timited liability company has been notified in writing of this change.

City

f Changing Registered Agent, Signature of New Registered Agent

Florida_

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Title** Name **Address** Add Remove

• 		
ective date, if other	than the date of filing:	(optional) ore than 90 days after filing) (605 0207 (
1 1	than the date of filing: the date must be specific and cannot be me	optional) ore than 90 days after filing.) (605.0207 (3
1 1		(optional) ore than 90 days after filing.) (605.0207 (3
1 1		(optional) ore than 90 days after filing.) (605.0207 (2
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Page 3 of 3

Filing Fee: \$25.00

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