# L14000006454

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MAR 1 2 2015

T. HAMPTON

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	hefs, LLC 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:	
	MARGO	Name of Person	
		Firm/Company	
	9974	NW 8679 -	FRRACE
	Don	Situ/State and 7 in Code	178
	E-mail address: Y	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	loud.com
For further information c	oncerning this matter, please ca		
Maregi	Torres	at ( <u>305.</u> ) <u>489 5</u> Area Code Daytimo	5319. e Telephone Number
Enclosed is a check for the	ne 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

# TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.)  Market Liability Company)  Market Liability Company)
The Articles of Organization for this Limited Liability Compa	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited new name must be distinguishable and end with the words "Limited limited limited new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Liability Company," the designation "L.C."  9974 NW 86 Th Terrace
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9974 NW 86th TENERO DORAL, F1. 33178.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because	office address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	74 NW 86 TH TERRACE  Enter Florida street address  DORAL, Florida 33178.
	City Zip Code

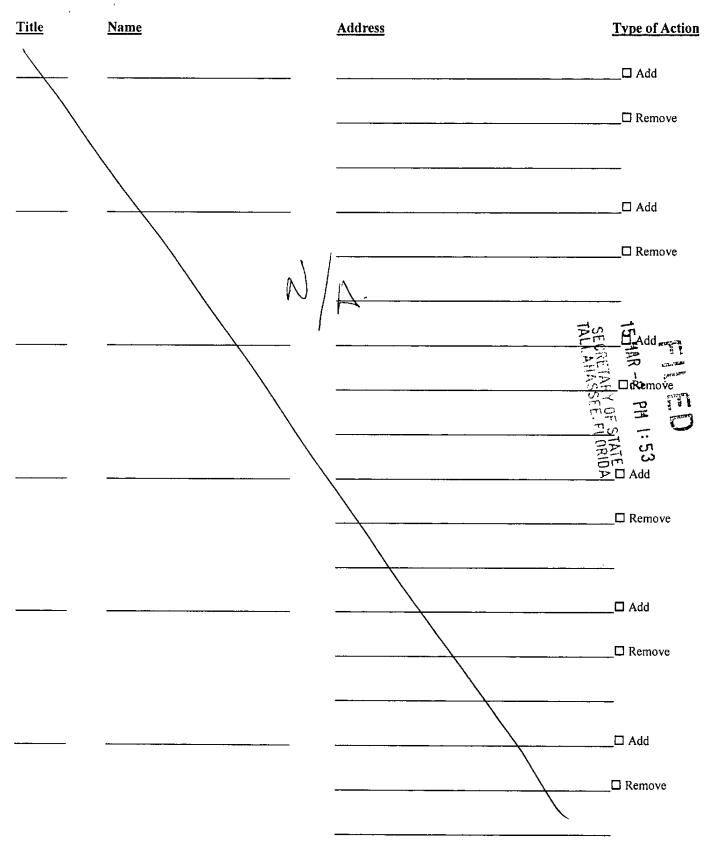
#### New Registered Agent's Signature, if changing Registered Agent:

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

### Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member



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date this document is filed by	an the date of filing: ic, cannot be prior to date of receipt or to the Florida Department of State)	iled date and cannot be	(optional) more than 90 days after
date this document is filed by	y the Florida Department of State)	<u>5</u> .	more than 90 days after
date this document is filed by	an the date of filing:  ic, cannot be prior to date of receipt or for the Florida Department of State)  3, 20 \ 6  Signature of a member or auth	<u>5</u> .	more than 90 days after
rective date, if other that effective date must be specified date this document is filed by ted Feb 2	y the Florida Department of State)  20  Signature of a member or auth	<u>5</u> .	more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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