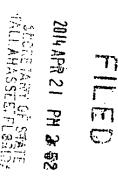
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(Re	equestor's Name)	,
(Ad	ldress)	
	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only

COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT: PROS	REROUS WO	RLD LLC ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.			
Please return all corresponde	ence concerning this matter t	o the following:			
	MARCUS PA	TULO VALIM COR	LREA		
		Firm/Company		2014 TAL	
	1524 SCAR	LET OAK LOOP Address		2014 APR 21 SECRETARY TALLAHASS	
	WINTER OF	PRDEN F-L 3473 City/State and Zip Code	7	PH 2 52 STE. FLAND	FT C
•		6),1	COM cation)		
For further information cond	cerning this matter, please ca	II:			
MAR CUS PAULO Name of Po	VALIM CORRE	A at (407) 952 41 Area Code Daytime	170 Telephone Number	<u>. </u>	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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 Compan (A Florida Limited L	ny as it now appears on our rec iability Company)	ords,)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L14000027366</u> .	were filed on <u>FEBUM</u>	1 13 ^{TL} 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words. "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDRESS)		20 F
	-	
		SS 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties,	and I am familiar with and

Page 1 of 3

Marcus Panto Valin Coven
If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Address Type of Action Name 1524 SCARLET OAK LOOP - Add PRES MARCUS P CORKEA WINTER GARDEN, FL X Remove 34787____ 1524 SCARLET OAK LOOP TAND MARCUS P CORREA MGR WINTER GARDEN, FL Remove 34787_____ MGR STEPHANIE R CORREA 1524 SCARLET OAK LOOP WINTER GAMBEN FL REMOVE

34707

34707 34707 STEPHANIER CORREA 1524 SCARLET OAK LOBER AMBR WINTER GARDEN, FL Remove 34787 □ Add ☐ Remove

☐ Remove

PROVISIO	2010	FRO	M IM	PORT	AND	EXPORT
Change	it	10	SALES	AWD	INST	ALLATIONS
<u> </u>						
						
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ffective date must be spare this document is fil	pecific, canr	not be prid lorida Dep	or to date of receipt	or filed date	and cannot	
date this document is fill $04/171$	pecific, canned by the FI	not be prio lorida Dep	or to date of receipt			be more than 90 days after

2014 APR 21 PM 2 62
SECRETARY OF STATE
TALLAHASSEE FI FI CANDA

Page 3 of 3

Filing Fee: \$25.00