L1400052706

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>_</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUN 2 9 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Lim	0.2 LL C	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	mich	nell Fassberg	
		Name of Person	
		Firm/Company	
	57W_H	amiltan WAY	
		Address	
	buca n	City/State and Zip Code CASSBERG Daol.	76
	me	City/State and Zip Code	(ch
_	E-mail address: (1	o be used for future annual report notific	ation)
For further information conce	erning this matter, please ca	ıll:	
Michele For	98Sberg	at (SU) SUS Area Code Daytime T	2-7490 Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	330.00 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 Taliahassee, 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

H20 Ba6EZ (Name of the Limited	Liability Company as it Florida Limited Liability	now appears on our	records.)			
The Articles of Organization for this Limited Liab	oility Company were f	•	1114	and as	ssigned	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	he limited liability co	mpany here:				
		· · · · · · · · · · · · · · · · · · ·				
The new name must be distinguishable and contain the word	ls "Limited Liability Com	pany," the designation	"LLC" or the abbi	reviation "I	.,L.C."	
Enter new principal offices address, if applicab	le:			*******		
(Principal office address MUST BE A STREET	ADDRESS)					
				至差	<u></u>	; ;
				32	\sim	uneritative
Enter new mailing address, if applicable:				<u> </u>	~	4
(Mailing address MAY BE A POST OFFICE BC	<u> </u>					ţ Î]
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					9)	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ddress on our ro	ecords, <u>enter t</u>	he name	of the	e new
Name of New Registered Agent:						
New Registered Office Address:	5700	Hamilt Enter Florida street	on Wf	r/		_
	BOCA Cit	eaten ,	, Florida	330 Zip Code	19,5	<u>o</u> _

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			☐ Change
-			
			☐ Remove
			☐ Change
			□ Remove
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Filing Fee: \$25.00