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(Requestor's Name)	
(Address)	700287
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/01/16
(Document Number)	
Certified Copies Certificates of Status	
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J. BRICE

COVER LETTER

TO: Registration Section Division of Corpor		•		
SUBJECT: +100	SE OF SENS Name of Lim	SES U.C. ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	ANA	Name of Person	· 	
	+1005	E OF SENSES L Firm/Company	يد	
	<u>510 N</u>	E 178 TH ST Address		
	NORTH	City/State and Zip Code	33162	
-	E-mail address: (THOUSEOFSENSES to be used for future annual report notif	ication)	
For further information conc	cerning this matter, please co	all:		17
ANA MEI	RA	at() 786	5546555	in the state of th
Name of Pe	erson	Area Code Daytime	Telephone Number	
Enclosed is a check for the f	following amount:		悪震 め	
\$≥ \$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 Compar (A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>WAY 09. 201</u>	4 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	l <u>ity company here</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.(2."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	510 NE 1787H 33162, NORTH HI FLORIDA	ST IANI BEAI	CH.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here			
Name of New Registered Agent:	<i>;</i>	2016 JU	-
New Registered Office Address:	Enter Florida street address , Florida	1 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	***
	City	Zip Code	J
New Registered Agent's Signature, if changing Registered Agent:		08.55 55.55	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I at rovided for in Chapter 605, F.S. (m familiar with a Or, if this docum	and ent is
If Chan	ging Registered Agent, Signature of New	Registered Agent	_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			- □ Remove
			□ Change
			Add
		***************************************	□ Remove
			☐ Change
			□ Remove
		<u> </u>	☐ Change
			Remove Change
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<u>te:</u> If t	date, if other than the date of filing:	5,02 ted
recor he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.	er
ted	27th & TONE, 2016.	
	()	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00