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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
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SECRETARY OF STATE
FALLANDASSEELFECRIDA

COVER LETTER

·TO:

TO:	Registration Se Division of Cor		
~~.~	T.CM	MEJIA A	ALPIZAR LLC
SUBJ	ECT:	Name of Lim	ited Liability Company
		Amendment and fee(s) are sub	
Please	e return all correspo	ndence concerning this matter	to the following:
		·	BAO H. NGUYEN
			Name of Person
			MEJIA ALPIZAR LLC
			Firm/Company
		111	150 OKEECHOBEE BLVD, STE R
			Address
		F	ROYAL PALM BEACH, FL 33411
	,		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For fu	rther information co	oncerning this matter, please ca	
	вао н. м		561 281-5861
	Name o	f Person	Area Code Daytime Telephone Number
`			
Enclo	sed is a check for th	ne following amount:	
■ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		·	•
		ING ADDRESS: ation Section	STREET/COURIER ADDRESS: Registration Section
	. Divisio	n of Corporations ex 6327	Division of Corporations Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ì	MEJIA ALPIZAR LLC		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appealorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili Florida document numberL14000095626	ity Company were filed on	06/16/2014	and assigned
This amendment is submitted to amend the followin	eg:		
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the	
Enter new principal offices address, if applicable	:		题 美工
<u>Principal office address MUST BE A STREET A</u>	DDRESS)		製造 - <u>国</u>
Enter new mailing address, if applicable:			PH 3: 38
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		120
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the n
Name of New Registered Agent:			
New Registered Office Address:	r . F		,
	Enter Fid	rida street address	
_	City	, Florida _	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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AMY NGUYEN	11150 OKEECHOBEE BLVD #R	Add
		ROYAL PALM BEACH, FL 3341	■ Remove
			Change
MGR	TINH V. NGUYEN	6072 ADRIATIC WAY	<u></u>
		GREENACRES, FL 33413	□ Remove
			☐ Change
			<u>≅</u>
			□ Remove
			January Company Compa
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

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Mru	05/03/18.	
Signature of a member or authorized representative of a member		
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	Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00