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K. SALY **EXAMINER** 

**JAN 13** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TO	) $\mathcal{L}_{i,j}$
. ARTICLES OF O	RGANIZATION
Ol	2016
	JAKI / Su
(Name of the Limited Liability Compan (A Florida Limited Li	RGANIZATION F 2016 JAN 11 PM 2: 14
(Name of the Limited Liability Compan	y as it now appears on our records.)
(A Fiorida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company	were filed on $6/13/2014$ and assigned
Florida document number 214 0000 96238 .	
Florida document number <u>Let 1 0000 10200</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	y 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)	<del></del>
Enter new mailing address, if applicable:	4211 5W 9 st Plantation, FL 33317
(Mailing address MAY BE A POST OFFICE BOX)	Plantation .FL 33317
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Title** Name **Address** Type of Action FERMANDEZ, 140 4955 SW 75 AVE MGR □ Add Remove ☐ Change □ Add ☐ Remove ☐ Change Remove Shange. \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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n effective da te: If the d	e, if other than the date at it is listed, the date must be state inserted in this block of fective date on the Depart	pecific and cannot be loes not meet the a	prior to date of filin pplicable statutory	g or more than 90 days	optional) safter filing.) Pursuant to 605.ts, this date will not be listed
	pecifies a delayed eff day after the record		it not an effect	ive time, at 12:	01 a.m. on the earlie
	J. J. Sign FRANCIS CO	_			

Page 3 of 3

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