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LIYOOO	05389
(Requestor's Name) (Address) (Address)	900265947559
(City/State/Zip/Phone #)	10/29/1401004003 **25.00
(Business Entity Name) (Document Number)	
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Office Use Only	
	B. BOSTICK OCT 292014 EXAMINER

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1	,	COVER LETTER	
TO: Registration Division of (section Corporations		
Nor	th More Garder	n Rentals I I C	
SUBJECT:		mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	German ^{É.}		
		Name of Person	`
	North More	Garden Rentals LLC	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	1100 East (Canal St S	
		Address	
	Belle Glade	FI 33430	
		City/State and Zip Code	······································
	E-mail address:	(to be used for future annual report notification)	ALL
For further informatio	n concerning this matter, please	call:	FIL SECRETARY
German E		.561,463-1180	<u> </u>
Nan	ne of Person	at () Area Code Daytime Telepho	
Enclosed is a check for	or the following amount:		
 \$25.00 Filing Fec 	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certifical Copy (additional copy is enclosed)
Reg Divi P.O	ILING ADDRESS: istration Section iston of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circo Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North More Garden Rentals LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 02, 2014	and assigned
Florida document number L14000105389	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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 ad	dress
	, Florida
City	Zin 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or <u>Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	GERMAN E CALAS		🗆 Add
		ADD MIDDLE NAME	
		·	D Add
			Remove
			Add
			Remove
		· ·	
<u></u>			🗆 Add
		SEE. FLORIDA	
		UR IDA	- □ Remove
<u></u>			🗆 Add
			Remove

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effective date must be specific, cannot be prior to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and ca date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
ective date, if other than the date of filing:	(optional) nnot be more than 90 days after

 GERMAN E CALAS

 Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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