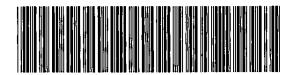
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COVER LETTER

SUBJECT:	S Carpently Name of Lim	LC C ited Liability Company	
The enclosed Articles of	. Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Division of Corporations UBJECT: Dlas Carpetty LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The ease return all correspondence concerning this matter to the following: Add I an Name of Person Firm/Company Laddress Claudid FLA 3 3 3 3 7 City/State and Zip Code Add I an Address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number		
		Firm/Company	
	11 choct	Address	
	Crawforduille	FLA 3233	7
	Adrian Blas E-mail address: (17 1 Gmil . (o M
For further information of	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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



Zip Code

O.		HT.
Blas Carpentin Lui	Ĭ	THE THE PROPERTY OF THE PARTY O
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company values of Organization for the Organization for this Organization for this Organization for this Organization for the Organiz	•	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi		
Inter new principal offices address, if applicable:	11 Choctau R. (rawfordville FLA	d
Principal office address MUST BE A STREET ADDRESS)	(rawfordville FLA	32327
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the n
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

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

1

MGR = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MUR	Abran Blas	47 A dispennette	
	·	Cranforduille FIA 3232	27_DRemove
MGA	Octavio Cedillo	47 A dispenne He Crawford ville, FLA. 323.	<u>d/.</u> □ Add
		Crawford ville, FLA. 323.	7 DKemove
			TI Remove
			-3 PR 3: 04
			☐ Remove
			□ Remove
			□ Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
·	
Effective date, if other than the date of filing:	
Dated 10/03/14.	
Mari Al	
Signature of a member or authorized representative of a member	
Addian Dias	

Page 3 of 3

Filing Fee: \$25.00