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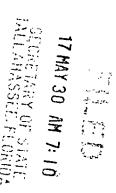
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER ~

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Please return all cor	respondence concerning this matter	to the following:	
		ANGELA MACK Name of Person	
	TAX ACCOUNT	ING & FINANCIAL SPECIA Firm/Company	LISTS LLC
	2295 S	HIAWASSEE RD SUITE 40 Address)7F
		ORLANDO-FLORIDA 32835 City/State and Zip Code	
	E-mail address: (ATRIX@CFL.RR.COM to be used for future annual report notifi	ication)
For further informat	ion concerning this matter, please c	all:	
ANGELA MACK Name of Person		at (<u>407</u>) <u>710-0</u> Area Code Daytime	808 Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce \$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 (A Florida L The Articles of Organization for this Limited Liability Con	Company as it now appears imited Liability Company)	on our records.)	
<u>-</u>			
	mpany were filed on	07/18/2014	and assigned
lorida document number L14000113435			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limite	ed liability company her	<u>'e</u> :	
N/A			
he new name must be distinguishable and contain the words "Limite	d Liability Company," the des	signation "LLC" or the abi	breviation "L.L.C."
nton now principal offices address if anyther the			
Inter new principal offices address, if applicable:	1170		
<u>Principal office address MUST BE A STREET ADDRE</u>	<u> </u>		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
A TO THE ALL THE ALL THE ALL THE		_	
If amending the registered agent and/or registe egistered agent and/or the new registered office addre	red office address on	our records, <u>enter</u>	the name of the
egistered agent and/or the new registered office addre	ss here:		200
			二二 7
Name of New Registered Agent: N/A		v	<u> </u>
New Registered Office Address: N/A			Tage
	Enter Florid	la street address	
		, Florida	A 3 17
 -	City		Z-Zip Code
lew Registered Agent's Signature, if changing Registered A	4 cent	ŝ	.

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	DIAS DE ALMEIDA, DERMIVAL	8515 MOREHOUSE DR.	Add
		ORLANDO, FL 32836	⊠Remove
			☐ Change
MBR	SAYURI SHIMODA DIAS, LOHANA	8515 MOREHOUSE DR.	⊠′ Add
		ORLANDO, FL 32836	□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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			Add
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an effective date is lote: If the date	f other than the slisted, the date mus inserted in this blaive date on the D	st be specific and ock does not m	cannot be prior to eet the applicab	date of filing or le statutory fil	more than 90 ding requireme	_ (optiona ays after filir ints, this da	g.) Pursua	ant to 60 ot be lis	5.0207 ted as
The 90th day	ifies a delayed after the rec	ord is filed.					. on the	e earl	ier of
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Page 3 of 3

Filing Fee: \$25.00