# L1400012231

(Re	equestor's Name)	
(Ac	ldress)	
- (A.		
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	. WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		





000285533860

05/16/16--01030--018 \*\*25.00

CONTRACT OF STATE

SECURE 1.13 OF STATE

SEC

Anlux

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT:			
The enc	closed Articles of Amendment and fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this matter to the following:			
	TESSICA TOURGULA.  Name of Person			
	Firm/Company			
	100 N. Fesern they #1025			
	FOR LANDERDAR TO 3330	/		
	City/State and Zip Code  ———————————————————————————————————	SECRE	<u>ਕ</u>	
For furt	her information concerning this matter, please call:	MSSSE,	91 AW	FILED
	Name of Person at 786 3444106  Area Code Daytime Telephone Number	FLORIDA FLORIDA	AH IO: 27	J
Enclose	ed is a check for the following amount:			
\$25	(additional copy is enclosed) Certified C	of Status &		

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

# **ÁRTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

FMJ4 JAVE	estneuts ILC.		
(Name of the Limited Liability Comp (A Florida Limited	pany <mark>as it now appears on our rec</mark> ord I Liability Company)	<u> s.</u> )	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 140001222</u> 51	y were filed on <u>08/05/20</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility 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			_
Enter new mailing address, if applicable:		SECRUIAN NALLAHA	_ 
(Mailing address MAY BE A POST OFFICE BOX)		Sz	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the	new
registered agent and/or the new registered office address no	<u></u> .	•	
Name of New Registered Agent:		·	_
New Registered Office Address:	Enter Florida street addres	rs.	_
		orida	_
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBE	Chardio Vivas	100 N. FESEGAL HUY 4, FOR LASSOME TO 3330,	OU Add
		FOR LADROTTE TO 3330,	Remove
			Change
AMBL	AGUSTIN VIVAS	100 N. Fesega Huy 1025 FOG LANSENGRE E 33301	Add
		FOET LANDERDAME TE 33301	Remove
			☐ Change
			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		Z Add 65 L
			Removes
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece		_	
		_	
		_	
		_	
		_	
		_	
		_	
		_	
		-	
		-	
	•	-	
		_	
	ALC:	ੋਫ਼ੋ	
	5,1	- M	-: ]
	Fo.	တ	[ ]
	£1.23	- ∰ - ⇔	
		); 27	
E. Effective date, if other than the date of filing: 05/05/206. (option (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 60	5.0207 ( ted as t	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a (b) The 90th day after the record is filed.	.m. on the earli	er of:	:
Dated May 5th 9016 ()			
Signature of a member or authorized representative of a member			
Degelina Vel/4.			

Page 3 of 3

Filing Fee: \$25.00