# 14000131886

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## **COVER LETTER**

TO: Registration Section Division of Corporation of Corporation (Corporation Corporation)		•	
SUBJECT:	HE EXPENDENT Name of Lim	aited Liability Company	term LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	emitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		MANIA UE6A Name of Person	
	- +He	EXPENSION +11	LE TEAM 11C
		HAJE PARK DI Address	
	OR (AND)	City/State and Zip Code	3 Suite 165
	E-mail address: (	to be used for future annual report notifi	ication)
For further information con-	cerning this matter, please ca	all:	
MA-MY U Name of Po	F6A erson	at ( <u>()7</u> ) <u>5/6</u> Area Code Daytime	X/9 6 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$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

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

FILED

2018 OCT - 1 AM 11: 45

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	E + EANGHUL CO STATE  Dears on our records: ALL AMASSEE, FL  Day)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L14000131886</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u></u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	
Name of New Registered Agent: MARIA	JE6A
New Registered Office Address: 13574 UIIIA	DEGA  66 PACK DR SVITE 165  Florida street address  Florida 32837  Zip Code
DR IANDO Cin	, Florida <u>32837</u> Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for it being filed to merely reflect a change in the registered office address, I he	of my duties, and A am familiar with and n Chapter 605/F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MBR	TERRI L SPEAKS	1535 SMORETREE CIV APOPRA FL 32717	
		APOLINITE	Remove
			Change
			□ Remove
			Change
			D Add
			□ Remove
			Change
		·	
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			🖸 Add
			Remove
			Change

, 11 AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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-	
-	
-	
-	
Note:	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/01/3018
	Signature of a member or authorized representative of a member
	MANUA UEGA  Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00