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SECRETARY OF STA

711 5 8 July

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Way and Means U.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pota Dieviuste Name of Person
Away and Means UC
1730 S Federal Hwy #345
Delray Beach Fl 33483 City/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Betsy Dievjuste at (501) 870-7012 AFF ST Name of Person Visite Area Code Daytime Telephone Number 2
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ▷ Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A May and Name of the Limited I	Jability Company Florida Limited Lia	as it now appears on obility Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on 8/21/2014 and assigned Florida document number /_14000138663. This amendment is submitted to amend the following:						
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designation	ation "LLC" or the abb	previation "	L.L.C."	
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	(DDRESS)	· 	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic	ce address on our	SECRETARY (III STALLAHASSEE SECRETARY CITES) records, enter Li	•	E of the nev	
			DRID RIDE	<i>ج</i> د		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		⊳	2		
New Registered Office Address:		Enter Florida st	reet address	· · · · · · · · · · · · · · · · · · ·		
-	·	City	, Florida	Zip Code	<u></u> e	
		•		•		

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

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 **Title Name Address Type of Action** AMBR Tabatha Hernardez 1730 3 Federal Hwy XAdd Delray Beach, Fl 33483 - Change Mancy Pallitto 1730 S Federal Huy # 345 KAdd AMBR Delicy Beach, Fl 33483 - Remove ☐ Change Sami Farraj 1730 S Federal Hwy KAdd #345 Delroy Beach, Fl 33483 - Change ☐ Remove ☐ Change _ Add ☐ Remove ☐ Change

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fect	tive date, if other than the date of filing: 144 2015 (optional)
an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
ro	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	e 90th day after the record is filed.
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Filing Fee: \$25.00