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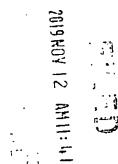
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	or other control of the control of t	BY JOSE LLC		
SUBJEC	,1: <u> </u>		ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ALELI HERNANDEZ		
			Name of Person	
		615 STANLEY AVE	Firm/Company	<u>.</u>
			Address	
		WILDWOOD FL 34785	City/State and Zip Code	· · ·
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ea	all:	
ALELI F	HERNANDEZ		352 461-7254 at (
	Name of	Person		Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.0	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 (additional copy is enclosed)

TO:

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 Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	09/03/2014 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		100
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	<u>=</u>
		C)
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	ALELI HERNANDEZ	
New Registered Office Address:	615 Stanley Ave	
	Enter	Florida street address
	WILDWOOD	, Florida 34785
	City	Zip Code

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.

Alcli Hernandez
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
P	JOSE A CENDEJAS	615 STANLEY AVE	
		WILDWOOD FL 34785	
			Remove
			Change
	JASON E SIMS	3900 NW 20 AVE	Change
MGR			
		OCALA FL 34475	
			■ Remove
			Change
P	ALELI HERNANDEZ VIEYRA	615 STANLEY AVE	
			■ Add
		WILDWOOD FL 34785	
			Remove
			🗆 Add
			Remove
			Change
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<u>vote:</u> 1	I the date inserted	d in this block does	filing: ific and cannot be prious s not meet the appliant of State's records	cable statutory filing	ore than 90 days after filing requirements, this do	tl) ng.) Pursuant to 605.0207 (ite will not be listed as t
e reco The 9	ord specifies a 90th day after	delayed effect the record is f	tive date, but no	ot an effective t	ime, at 12:01 a.n	n. on the earlier of:
ated _	11/6			·		
		11 ,			of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00