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(Req	uestor's Name)	
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OCT 1 4 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corpor		No.	₹ *
SUBJECT: 173 N	NE 106 ST LL	_	
		l Liability Company	
•	endment and fee(s) are submit	_	
	J0729E	G. AZENAS. Name of Person	
		Firm/Company	
	3725	S. OCEAN DR	APT 427
		Address	
	HOLLYWOOT	City/State and Zip Code	
		be used for future annual report notificat	A
_	E-mail address: (to b	be used for future annual report notificat	ion)
For further information conce	erning this matter, please call:		
Source 5. D		at (<u>305</u>) <u>300 3</u> Area Code Daytime Te	Nakana Number
Name of Fe	SOIL	Alea Code Dayline Te	rephone Number
Enclosed is a check for the fo	ollowing 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 (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

173 NE 106 ST L	
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number \(\bullet \lambda \l	y were filed on
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Limited Li-	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3725 S. OCEAN DIZ.
(Principal office address MUST BE A STREET ADDRESS)	APT 427
	HOLLYWOOD, FL. 33019
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Eruer r toriaa street aaaress
	, Florida City Zip Code

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

IGR = M $AMBR = A$	lanager Luthorized Member		
<u>'itle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			
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ective deffective	ate, if other than the date of filing:
date this	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
SECRETARY OF STATE