L14000 156222

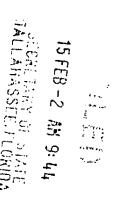
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500268719265

02/02/15--01035--024 **30.0N



A SHIPPER FEB 10 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address: 6100 5w 118 ST			
This amendment is submitted to amend the following: I. If amending name, enter the new name of the limited liability company here:	2014 and assigned	were filed on SEPT. 25, 201	
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, ageistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Mailing address: New Registered Office Address: Method I imited liability company here: A chapter liability			lorida document number <u>L 14000 150227</u>
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" of the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Cinter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) C. If amending the registered agent and/or registered office address on our records, age istered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LAW QENCE O. TO SENT OFFICE BOX OF THE COLUMN OF THE New Registered Address:			his amendment is submitted to amend the following:
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, gegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Mew Registered Office Address: Enter Florida street address		lity company here:	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, gegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LAWRENCE O. TO SW 118576 Enter Florida street address	r the abbreviation "L.L.C."	ility Company," the designation "LLC" or the ab	he new name must be distinguishable and end with the words "Limited I
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 on our records, gegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LAWRENCE O. TO SW 118 STA		~/A	Inter new principal offices address, if applicable:
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, engistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LAWRENCE O. The New Registered Office Address: Enter Florida street address			Principal office address MUST BE A STREET ADDRESS
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, engistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LAWRENCE O. The New Registered Office Address: Enter Florida street address			
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, engistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LAWRENCE O. The New Registered Office Address: Enter Florida street address	产 5	2	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: LAWRENCE O. TO SWII 8 STOREST CO. SWII	<u> </u>	M/A	nter new mailing address, if applicable:
Name of New Registered Agent: New Registered Office Address: LAWRENCE O. TU New Registered Office Address: Enter Florida street address	<u> </u>		Mailing address MAY BE A POST OFFICE BOX)
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: LAWRENCE O. T.	22 2		
Name of New Registered Agent: New Registered Office Address: LAWRENCE O. TU New Registered Office Address: Enter Florida street address			
Name of New Registered Agent: New Registered Office Address: LAWRENCE O. TU LAWRENCE O. TU LAWRENCE O. TU Enter Florida street address	nter the name of the	fice address on our records, enter-t	 If amending the registered agent and/or registered egistered agent and/or the new registered office address h
New Registered Office Address: 6100 5w 118 ST	SE F	• 5	Egistered agent and/or the new registered office address in
Enter Florida street address	IRNER	LAWRENCE O. TURN	Name of New Registered Agent:
Enter Florida street address	EET '	6100 SW 118 STREET	New Registered Office Address:
MI Day! Florid		Enter Florida street address	The stage of the s
	la_ 33156	City, Florida	
City	Zip Code	City	
lew Registered Agent's Signature, if changing Registered Agent:			lew Registered Agent's Signature, if changing Registered Age

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAWRENCE O. TU	2NER 6100 SW 118 5	CREET Add
		MIAMI , ELORIE	04 33156
			□ Remove
	•		
			Add
			☐ Remove
	***************************************		Add
			□ Remove
			医医二甲
		 	Remove
			B Remove
			Remove
			□ Add
			□ Remove

). If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(Th	fective date, if other than the date of filing:
th	ated 1/22/(12 detection of State)
	Signature of a member or authorized representative of a member
	ROBERT BRANK

Page 3 of 3

Filing Fee: \$25.00

15 FEB -2 AM 9: 44
SLERE AND WE STATE
TALLAHASSIE, FI DRING.