

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(any) canoning provide a
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Major c	na Poroceana Name of Line	A_LNC_ tited I iability Company	
	Amendment and fec(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	A	on thany Early Name of Person	
	- Mayor on	A. Associodes 1/10. Fürm/Company	
	33.75.N	W 86 th Street Address	
	Higmi	City/State and Zip Code	
		ne Pamail.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
Antho Name o	eny Early of Person	at (<u>305</u>) <u>785 244</u> Area Code Daytime	o2 Felephone Number
Enclosed is a check for the	he following amount:		
■ \$25,004 iling 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)
	ING ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F.F. 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Major and Assac	cicles Hongarrot LLC his Company avit now appears on o la Limited Liability Company)	
(Name of the Limited Laron (A Florid	la Limited Fiability Company)	ur records.)
The Articles of Organization for this Limited Liability C	Company were filed on4127	and assigned
Florida document number <u>1,14,0001,72371</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	Cay	Florida
Now Designered Assent's Signature if changing Designer		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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>mgr</u>	_Cathy_Ann_Robertson	P.O. BOX 827511	™ Add
		Pembrote Pines, FL 33082	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			
		- -	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change

	
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Ifective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no locument's effective date on the Department of State's records.	un to 605,0207) of be listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	e earlier of
Dated June 14 . 2017 .	
Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00