# 114000174029

(Re	questor's Name)	
(Ad	dress)	<u>-</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
it		

Office Use Only



100267286331

12/12/14--01012--024 \*\*25.00

TILED

14 DEC 12 PH 2: 45

SUGRETARY OF STATE

TALLAHASSEE, FLORIDA

DEC 2 2 2014

T. BROWN

	· · · · · · · · · · · · · · · · · · ·	COVERALETTER	<b>.</b> ≰
TO: Registration Section of Corpo		•	•
SUBJECT:SOC	oth Progress Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Jua	n Corlos A. 60 Name of Person	eillen
		Firm/Company	<del></del>
	226 Cou	ubs Manor Ct Address	
	fort wallon	Bloch, FL, 325 City/State and Zip Code	148
	Progressso E-mail address: (	out O grace L. conto be used for fluture annual report notifica	ation)
For further information con-	cerning this matter, please ca	all:	
JUO. M Name of P	Carlos erson	at () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STS -7349  Telephone Number
Enclosed is a check for the	following 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**

<del></del> :			=
			30 mg
· ARTIC	CLES OF AM	ENDMENT	
	TO		500 11 W
ARTIC	LES OF ORG	<b>SANIZATION</b>	4790 °C/ °C/
	OF		All Control
South (Name of the Limited (A)	JOGIES Company as	it now appears on our reity Company)	ecords.)
e Articles of Organization for this Limited Liabi	lity Company were	e filed on	10/2014 - land assigned
		ined on i i	to D to thin assigned
orida document numberL14000175	1024.		
is amendment is submitted to amend the following	ng:		
If amending name, enter the new name of the	e limited liability	company here:	
e new name must be distinguishable and end with the word	ls "Limited Liability (	Company," the designation	"LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable	<b>:</b> :		
rincipal office address MUST BE A STREET A			
mapai office dudiess MOST BE A STREET A	DDRESS)		
ter new mailing address, if applicable:			
		··	
ailing address MAY BE A POST OFFICE BO.	<u> </u>		
If amending the registered agent and/or		address on our rec	cords, enter the name of the new
ristered agent and/or the new registered office	: auuress nere:		
Name of New Registered Agent:			
Name December of Office Address			
New Registered Office Address:		Enter Florida street a	ddress
		Since a strawn day cell &	
			Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
M6R	Juan Carlos Guille	n 226 Combs Manor d	Add
		Address  n 226 Combs Manor of  Fort Walton Beach, CC	Remove
		32548	<del></del>
			□ Add
			Remove
			<del></del>
			□ Add
			Remove
			_
			_□ Add
			Remove
			<del></del>
			□ Add
			_□ Remove
			<del></del>
			_□ Add
			_□ Remove

cannot be prior to date of receipt of	or filed date and cannot be m	(optional) nore than 90 days after
12/10, 201	4.	
CHUNT	<del>-</del>	
Signature of a member or a	ithorized representative of	a member
	the date of filing: cannot be prior to date of receipt of e Florida Department of State)	cannot be prior to date of receipt or filed date and cannot be n

Page 3 of 3

Filing Fee: \$25.00