# L150000 13649

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J. HAR.RIS

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SHILING H	SUSE LL E	,
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
JUL	10 PERFIR	A
	HIM INUN	
9401 SUNRI	Firm/Company  SE LAKES BLV  Address	D AS 206
SUNRISE	FLORIDA 3	3222
JEPEREIS E-mail address: (1	City/State and Zip Code  RA 1970	HOU. COM
For further information concerning this matter, please ca	ıll:	
JULIO PEREIRA Name of Person	at ( <u>917</u> ) <u>500</u> Area Code Daytime T	/02/ Celephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{ 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

The Articles of Organization for this Limited Liability Company were filed on	1 22 15 and assigned
Florida document number <u>L15000013649</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "I.I.C" or the abbreviation "I.I.C."
Enter new principal offices address, if applicable:	the designation less of the aboveviation less.
(Principal office address MUST BE A STREET ADDRESS)	<b>\$</b> \$\$\ <b>≠</b> \$
Trucpus office unusess most be A STREET ADDRESS	
<del></del>	\$ 10 D
Enter your mailing address if applicable.	A Property of the second secon
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 registered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	

#### 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 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>	<u>Name</u>	Address	Type of Action
Andl	ALEJANDRU RIBEI	es 508 3 AD AVE N 1	Add
		Brooklyn NY 112/5	Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.,	)	
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(If an e <u>Note</u> :	tive date, if other than the date of filing:		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of e 90th day after the record is filed.	n the ear	lier of:
Dated	7-28-2015 Juliu lesus		
	Signature of a member or authorized representative of a member		<u>.</u>
	JULIO PEREIRA		! : 
	Typed or printed name of signee	2887	•
	Page 3 of 3		

Filing Fee: \$25.00