15000014489

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SEP 22 2015 J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim		maars on our regards		
(Name of the Lun	ited Liability Company as it now ap (A Florida Limited Liability Compa	ny)		
The Articles of Organization for this Limited I Florida document number L15000014489	Liability Company were filed on	JANUARY 26, 2015 and assigned		
This amendment is submitted to amend the fol	lowing:			
Florida document number L15000014489 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				
The new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."	-	
Enter new principal offices address, if appli	cable:		_	
(Principal office address MUST BE A STRE	ET ADDRESS)			
			_	
Enter new mailing address, if applicable:	***************************************		<u>.</u>	
(Mailing address MAY BE A POST OFFICE	(BOX)	$\frac{-2}{3}$ $\omega \in \mathbb{S}$	<u>, , , , , , , , , , , , , , , , , , , </u>	
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		<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the	<u>new</u>	
Name of New Registered Agent:	JUAN TRINIDAD		_	
New Registered Office Address:	100 WILDWOOD COURT			
	Enter	Florida street address	_	
	KISSIMMEE	, Florida ³⁴⁷⁴³		
	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

Page 1 of 3

MARLEDNY GOMET (
Notary Public- State of New Young
NO. 01GO6197096
Qualified in Bropx County

My Commission Expires _//

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIEN MATA	11224 ISLE OF WATERBRIDGE	
		ORLANDO, FL 32837	Remove
			☐ Change
MGR	JUAN TRINIDAD	100 WILDWOOD COURT	
		KISSIMMEE, FL 34743	☐ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
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			COAC Change
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			Remove
			☐ Change

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(If an effec	e date, if other than the date is listed, the date is	nust be specific an	d cannot be prior t	o date of filing or r	nore than 90 days aft	er filing.) Pursua	int to 605,020
Note: If	the date inserted in this at's effective date on the	block does not	meet the applica	ble statutory filir	ng requirements, th	his date will no	t be listed as
documen	n s chechive date on the	Department of	state s records.				
-c						7 S.C.	ਰੋਂ ੂ
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A	ugust 26		2016				(C)
Dated			,	_·		, n	
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	4/1/em	Signature of a	member or autho	rized representativ	e of a member	<u> </u>	
		<u></u>		•		፟≽	
	MARIEN MATA						
	-		Typed or printed	d name of signee	() AM	/	8/31/

NO. 01GO6197096

Qualified in Bronx County

My Commission Expires __//_ 24/