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M. MILLIGAN NOV 01 2018

wayera again.

COVER LETTER

TO: Registration Division of C		
SUBJECT:	PALPINITADS HUNDEMIG LIC	
	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	Name of Person	
	PREPILIADS ACADAUGLLC Firm/Company	
	2915 EKAND BLVD. Address	
	FIDE TOAL FI 34690 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
	at (727) 459 9234 e of Person Area Code Daytime Telephone Number	
Enclosed is a check fo	the following amount:	
□ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy fudditional 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

PKEPI	1/INDS	ACAD	K-MY	116
(<u>Name of the Limited</u> (A	Florida Limited Li	ability Company)	n our records.)	
The Articles of Organization for this Limited Liab	bility Company v	were filed on <u>O</u>	2/4/201	15 and assigned
Florida document number <u>L 150000</u>	216.15	-	, ,	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here	:	
The new name must be distinguishable and contain the wor	de "Limited Liabili	ty Company " the deci-	enution "I.I.C" or I	he abbreviation "L.I.C."
		ty Company, the desig	gnation 155C of the	ne abbreviation 13.13.C.
Enter new principal offices address, if applicab		***		
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:			 	
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered officers.			ur records, <u>en</u>	ter the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida	street address	
		.	, Florida	·
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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

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	KELIS RICHARD	13511 Plantation Lake	Ø Add
		13511 Plantation Lake	□ Remove
			Change
			Remove
			Change
			□ Remove
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tive date, if other than the da	specific and cannot be prior to date	of filing or more than 90 days	after filing.) Pursuant to 605
If the date inserted in this block nent's effective date on the Depa		atutory tiling requirements,	, this date will not be list
cord specifies a delayed ef e 90th day after the record	fective date, but not an a	effective time, at 12:0)1 a.m. on the earlie
- 15th day after the record	io illoui		
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Page 3 of 3
Filing Fee: \$25.00