## L1500039048

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SECRETARY OF STATE

DIVISION OF CORPORATION 15 JUN -8 AM 4: 05

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## COVER LETTER

TO: Registratio Division of	n Section Corporations	· .	**	
SUBJECT: 6	nx security)	10		
	Name of Limi	ted Liability Company		
The enclosed Article	s of Amendment and fee(s) are subm	nitted for filing.		
Please return all corre	espondence concerning this matter t	o the following:		
	Frank C	OFAYEIIA JY Name of Person		_
		Firm/Company	<del></del>	
	17 Fair 00	Address		
	Ormand Be	Pach P 32174 City/State and Zip Code		
	_	Security ne co		
	on concerning this matter, please cal			
Frank C	LAFAVELIA UY ne of Person	at (380) 846 30 Area Code Daytime T	122 elephone Number	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy C (additional copy Refelosed) A SSEE	SECRETARY DIVISION OF CO
Reg Div P.O	AILING ADDRESS: distration Section ision of Corporations Box 6327 sahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle	OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 03 03 115 and assigned Florida document number <u>LIS 000039048</u> 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 accept to comp H with the provisions of all statutes relative to the proper and complete performance of my duties, and I and finitian with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. 🛱 📆 this docume being filed to merely reflect a change in the registered office address. I hereby confirm that the limited leability company has been notified in writing of this change.

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 = A	uthorized Member			
Title	<u>Name</u>	Address	Type of Action	
MCR	FRANK CAFARELLA	17 FAIR Oaks Cis"	ZXAdd``	v
		ORMOND BRACH FL 32174	🗆 Remove	
			Change	
MGR	JENNIFER CAFARGUA	17 FAIR Oaks CIR	Add .	-
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. If amending any other information, enter change(s) here. (Antien talamona succes, y nee	1 ,		
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Effective date, if other than the date of filing:	s date will not	t be listed	1 as the
the record specifies a delayed effective date, but not an effective time, at 12:01 to The 90th day after the record is filed.	a.m. on the	earliei	r of:
Dated 5-28-15,			
Dated,	- mq	55	SIAKI 13S
Signature of a member or authorized representative of a member	ALLA ALLA	,	SIONE
	HETARY C	8- NO	PAR SAR
TEAN ( CA FAIZELLA Typed or printed name of signee		2	7089 7089 103-1
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Page 3 of 3	렇대	90	HOIT TE
Fiting Fee: \$25.00			<del></del>