# 15000040431

(Re	questor's Name)	
•	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filina Officer:	
,	<b>.</b>	

Office Use Only



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SECRETARY OF STAT

K. S. N.Y EXAMINER OCT 26 2015

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ricket C	a vers LLC ited Liability Company	<u>.                                    </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	- Ariel	Name of Person	
		Firm/Company	
		S.W. 147	
	Mi ami,	FL . 33 ( 9 6 City/State and Zip Code	
	Cticket A	City/State and Zip Code  AUCK Q M Mills to be used for future annual report noting	fication)
For further information	concerning this matter, please ca	all:	
Ariel	Grill O	at (786) 518 Area Code Daytime	3 — (69  e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTICLES OF O	RGANIZATION / // E
OF	201500
CRICKET PAVERS  (Name of the Limited L	
	aominy Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L\500004043</u>	were filed on $03-05-15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15796 SW 147 ST
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL. 33196
	·
Enter new mailing address, if applicable:	15796 SW 147 ST
(Mailing address MAY BE A POST OFFICE BOX)	Mi ami, FL. 3319 (
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$MGR = \dot{M}$ $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Matelin Gtillo	15796 SW 147 ST.	MAdd
		Miami, FL. 33196	□ Remove
			Change
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ffectiv	re date, if other than the date of filing: (optional)
an effectore: I	exive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated_	October 20th 2015
	Signature of a member or authorized representative of a member
	Atipl (till)

Page 3 of 3

Filing Fee: \$25.00