L1500051337

1 ARLA SOSCATION (Requestor's Name)
(() - 4
6408 SW 20CT
(Address)
HIRATIAN F. 33213
(riudiose)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
TUPN KEY (MUTHOSIN) (Business Entity Name)
L 15 000 5 3 2) (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700274797847

08/10/15--01015--029 **25.00

TILES

NS AUG 10 P 1: 42

ECRETARY OF STATE

RECEIVED

15 MG 10 PM 1: 34

AND ST COMPONENTIALS

AUG 1 0 2015

3 MASON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	cd Linbility Company as it now appear (A Florida Limited Liability Company)	's on our records.)
The Articles of Organization for this Limited L Florida document number L15000051337	iability Company were filed on $\frac{03}{2}$	/23/2015 and assigned
This amendment is submitted to amend the following	owing:	***** *
A. If amending name, enter the new name o	f the limited liability company h	ETE: LANA LANA LANA LANA
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the ne
Name of New Registered Agent:	MARIE A. CHARLES	
New Registered Office Address:	7034 NW 115 COURT	
	Enter Flo	orida street address
	DORAL	, Florida ³³¹⁷⁸
	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.

f 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
SECRET.	RONY ROUSSEAU	7034 NW 115TH COURT	Add
		DORAL, FL. 33178	■ Remove
			☐ Change
REGISTE	RONY ROUSSEAU	7034 NW 115TH COURT	Add
		DORAL, FL. 33178	■ Remove
			☐ Change
			Add
			Remove
			Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
		·	CRETARY OF STATE ORIDA
			TARRY OF PROPERTY
			RATE Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)	
	,	
	. -	
		
		· · · · · ·
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	ptional) after filing.) Pursuar this date will not	at to 605.0207 (3)(b) be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed.	01 a.m. on the	earlier of:
Dated X 7/28/70/5. X Grant A Company of a member or authorized representative of a member		
X MAUK-AVI) LEBS CHALLES Typed or printed name of signee	ECRETAF	
Page 3 of 3	RY OF ST	
Filing Fee: \$25.00	ATE	-