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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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K. SALY DEC 13 2016

COVER LETTER

Division of Cor	porations		
PARACHU SUBJECT:	JTING ELEPHANTS LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ANTHONY GILES		
		Name of Person	
	BRASS TAX INC		
		Firm/Company	
	322 BROADWAY		
		Address	· ••••
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	TAXMAN243@GMAIL.C		
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
ANTHONY GILES		407 846-1099 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

2016 DF	FIL	EO
ALLAHAS	RY OF SEE, FL	ED PH 3: 16 STATE ORIS

PARACHUTING ELEPHANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company	were filed on $\frac{03/30}{1}$	0/2015	and assigned
Florida document number L15000056226	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	; ;	
N/A				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	4700 MILLENIA	BLVD 175	
(Principal office address MUST BE A STREET	(ADDRESS)	ORLANDO, FL 3	2835	
Enter new mailing address, if applicable:		4700 MILLENIA	BLVD 175	
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 3	2835	
				
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:			ur records, <u>ente</u>	r the name of the new
New Registered Office Address:	N/A			
		Enter Florida	street address	
			, Florida _	
N		City		Zip Code
New Registered Agent's Signature, if changing Ro				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my provided for in Cha	v duties, and I am apter 605, F.S. Or	familiar with and , if this document is

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>	Name	Address	Type of Action
MBR	OSORIO HEREEDIA, JUAN G	OSORIO HEREEDIA, JUAN G 4700 MILLENIA BLVD 175	
		ORLANDO,FL 32835	Remove
		****	Change
MBR	ANDRADE RUBIO, SOFIA	4700 MILLENIA BLVD 175	■ Add
		ORLAND, FL 32835	☐ Remove
			Change
MBR	ANDRADE RUBIO, FELIPE	4700 MILLENIA BLVD 175	= Add
		ORLANDO, FL 32835	Remove
			Change Change OF SECTATE DARKEMOVE PM 3: 16 SECTATE DARKEMOVE PM 3: 16 Add DRamaus
			□ Remove
			Add
			□ Remove
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n m41.	ive date, if other than the date of filing: (optional)	
effe	ective 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 605.0	207
<u>te:</u> :ume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	as
	·	
rec	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.	
ed_	December 8, 2016	
	11 + +	
	Signature of a member or authorized representative of a member	
	Signature of a memory of patients	

Page 3 of 3

Filing Fee: \$25.00