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COVER LETTER

SUBJECT:	Oranoss Propition	es of Swth fluida ited Liability Company	e LLC
Division of Corporations SUBJECT: One for first flower of South Flowed Library Land flowed Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following. KELLY Fachers Name of Person Firm Company 2 Y 5 Hickory Land for the following Address M. Jani Leach FL 33139 City State land Zip Code KELLY make October Lean E-mail address: (to be used for future angular report notification) For further information concerning this matter, please call: Melly Pachers at (305) Y 55072 Name of Person Enclosed is a cheek for the following amount:			
Please return all correspo	ndence concerning this matter	to the following.	
Division of Corporations SUBJECT: Downess Registers of South Florida, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following. KELLY Reduced Name of Person Firm-Company 2 Y 5 Hickory Reduced Ft 33339 City/Stateland Zip Code Kelly mgg General Com E-mail address: (to be used for future anglial report notification) For further information concerning this matter, please call: Lighty Fachers Name of Person Enclosed is a check for the following amount: Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certificate of Status			
			his matter to the following. KELLY Pachaco Name of Person Firm Company 2 Y S Hicking 20 Av 44 Si Address M. 2001 Sec. Ch. FL. 33138 City/State/and Zip Code KELLY M. R. O. C. M. J. C. C. M. In address: (to be used for future annihal report notification) r. please call: Lew at (305) Y S S O 7 Z Area Code Daytime Telephone Number Fee & S \$55.00 Filing Fee & S \$60.00 Filing Fee. Certificate of Status & Certificate of Status &
	Division of Corporations ECT: Draness Pack Less of Swith Flands 1440 Name of Ferson Firm Company 2 Y 5 H. Jung 2 J. J. F. Jung 2 J. J. Jung 2 J. Jung 2 J. Jung 2 J.		
	245	Midrigan Av #	Ť
	. 1	1 1 1	20.20
	6.M	City State and Zin Code	3307
	E-mail address: 0	ympe ocmoloco	cation)
For further information e			
	Celly Pachew	at (<u>305)</u> <u>495</u>	5072
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy

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**

, C 4. (1. d. 110

	Dear as it now appears on our records)
(A Florida Limit	nbany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for the Organization for this Liability Comparing Articles of Organization for the Organization	any were filed on <u>03/31/2017</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited 1.	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	245 Hichigan Ave # 9 Hismi Beach FL 33139
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1245 Michigen Ave 119 Hismi Beach FL 33139
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach Fl 33139
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	d office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address: 245	Hichigen Aux 49 Enter Plorida street address
Micr	Hichigen Ave 49 Enter Florida street address Michigen Ave 49 Enter Florida street address Tip Code
New Registered Agent's Signature, if changing Registered Age	ent:

ì

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 A

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maria F. Padreco	Address 245 Hichigan AH9 Hiami Beach FL 33139	M Add
		man place re Join	☐ Remove
			Change
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			□ Remove
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lf am	ending any other information, ente	r change(s) here: (Attoch additio	onal sheets, if necessary.)	
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Note:	tive date, if other than the date of fill fective date is listed, the date must be specific. If the date inserted in this block does no nent's effective date on the Department of	ot meet the applicable statutory filing	(optional) ore than 90 days after tiling) Pursua z requirements, this date will not	nt to 605,0207 (3 be listed as the
	cord specifies a delayed effective 90th day after the record is file		ime, at 12:01 a.m. on the	e earlier of:
Dated	July 05	2017 Milledia	<u></u>	2017
	Signature o	t a memberior authorized representative	of a member 25 12 25 25 25 25 25 25 25 25 25 25 25 25 25	
		KELLY Packet	<u>ع المحروب</u>	
		Lyped or printed name of signee		
		Page 3 of 3		4: 06

Filing Fee: \$25.00