<u>L15000065463</u>

(R	requestor's Name)	
(A	ddress)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(C	City/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(C	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	<u> </u>





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COVER LETTER

TO:	Registration Sec Division of Corp	
CUDIE	SPLENDO	R LLC
SUBJE	UT:	Name of Limited Liability Company
The encl	losed Articles of a	Amendment and fee(s) are submitted for filing.
Please re	eturn all correspo	ondence concerning this matter to the following:
		SANDRA GONZALEZ
		Name of Person
		SG BOOKKEEPING & TAX SERVICES CORP
		Firm/Company
		119 HAMILTON TERRACE
		Address
		WELLINGTON, FL 33414
		City/State and Zip Code
		SGTAXSERVICES@GMAIL.COM
		E-mail address: (to be used for future annual report notification)
For furth	her information ec	oncerning this matter, please call:
SANDE	RA GONZALEZ	561 543-5495 at ()
	Name of	
Enclosed	d is a check for th	ne following amount:
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 OF

SPLENDOR LLC				
(Name of the Lim	i ted Liability Co (A Florida Lim	mpany as it now appears on c ited Liability Company)	our records.)	
he Articles of Organization for this Limited I		pany were filed on $\frac{04/14/1}{1}$	5 an	d assigned
lorida document number L15000065463	·			
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited	liability company here:		
J/A				
he new name must be distinguishable and contain the	words "Limited I	Liability Company," the designa	ation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>	N/A		
B. If amending the registered agent and egistered agent and/or the new registered of			records, enter the na	me of the
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida st	reet address	
		_	, Florida	
		City	Zip (?ode

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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DELGADO, LUCERO	119 HAMILTON TERRACE	■ Add
		WELLINGTON, FL 33414	□ Remove
			☐ Change
			Add
			□ Remove
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		43
Effective	e date, if other than the date of filing:	
(If an effect	ive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursua	nt to 605.0
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will no t's effective date on the Department of State's records.	t be listed
documen	is effective date of the 12cpartment of State specords.	
_		
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Oth day after the record is filed.	e earlier
) IIIC 9	our day after the record is filed.	
	July 8 2015	
Dated _	0000	
	Con 1 Hill of the contract of	
	& J 1 1 4 X J	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00