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## **COVER LETTER**

TO:	Registration Section Division of Corpo				
SUBJ	ЕСТ:	CUARZO'S Name of Limi	FLORIDA LLC ited Liability Company		
The e	nclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please	e return all correspond	ence concerning this matter	to the following:		
		MIRY	Name of Person		
			Firm/Company		
		857	VANDA TER		
		WESTO  amatista  E-mail address: (	City/State and Zip Code  112 Pychoo, Gy to be used for future annual report notifi	M HE COPE IN COPE	= 11
For fu	urther information con	cerning this matter, please ca	•	Sign	
	Name of P	O\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	at ( <u>954</u> ) <u>658</u> Area Code Daytime	- 56895 Telephone Number	
Enclo	sed is a check for the	following amount:			
<b>E</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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

(Name of the Limited Liability Compa (A Florida Limited	Invas it now appears on our records. Liability Company)	?			
The Articles of Organization for this Limited Liability Company	were filed on APRIL 20	, 204	5_ and a	ssigned	
Florida document number <u>L1500068228</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	DA LLC lity Company," the designation "LLC"	or the abb	oreviation "]	L.L.C."	,
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, e:	enter t	he name	of the n	<u>iew</u>
			2016		
Name of New Registered Agent:		<u> </u>	- TE	<u> </u>	
New Registered Office Address:		55	1	Security States	
	Enter Florida street address		<b>≥</b>	i i	
	City , F101	rida <u>o                                    </u>	Žip Code	<u> </u>	
New Registered Agent's Signature, if changing Registered Agent:		> m	2		

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 **Title** Name <u>Address</u> Type of Action □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove □ Change Add □ر 3018 Change Add □ Remove \_□ Change □ Add □ Remove ☐ Change

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effective <u>e:</u> If th	ate, if other the date is listed, the de date inserted in effective date or	date must be spec this block doe	cific and ca	innot be prio et the appli	cable statute	ing or more the	nan 90 days a	<b>ptional)</b> fter filing.) F this date w	Pursuant ( ill not b	to 605.0 e listed
record he 90t	specifies a d h day after th	elayed effec he record is	tive dat filed.	te, but no	ot an effe	ctive time	, at 12:0	1 a.m. oi	n the e	earlier
ed	5-5	-16	,		<u> </u>					
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Page 3 of 3

Filing Fee: \$25.00