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COVER LETTER

	stration Sec ion of Corp				
	лмасніа	LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
		idence concerning this matter			
		Alejandra Tejada			
			Name of Person		
			Firm/Company		-
		1825 SW 153rd AVE			TA G
			Address	·	三五 5
		Miramar, FL 33027			湯湯の
			City/State and Zip Code		PN 2: 48
		E-mail address: (to be used for future annual r	eport notification)	
For further inf	ormation co	ncerning this matter, please ca	all:		
Alejandra Tej	ada		954 309 at ()	9-8259	
	Name of	Person	Area Code	Daytime Telephone Number	Г
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica osed) Certified	ite of Status &
-	Registra Divisior P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, FL 32314	Registrati Division o Clifton B	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMACHIA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/11/2015	and assigned
Florida document number L15000082669		
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 Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1150 NW 7TH STREET	त्रं के
Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33030	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		संदि के लि
Enter new mailing address, if applicable:	1150 NW 7TH STREET	
Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL 33030	(a) (b)
		9m &
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
,	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.

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>	Address	Type of Action
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ective date, if other than the date of filing:		(optio	nal)
effective date is listed, the date must be specific and cannot be pre: If the date inserted in this block does not meet the app	ior to date of filing or n	nore than 90 days after	filing.) Pursuant to 605
ument's effective date on the Department of State's recor	ds.	.5 requirements, time	
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effective	time, at 12:01 a	.m. on the earlie
ed, 2015	·		
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1. —			

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Filing Fee: \$25.00