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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECULLASSE FLATORIDE

I. HARRIS

COVER LETTER

TO: Registration Se Division of Cor		, •	
SUBJECT:	2701FL Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nick Berry		
		Name of Person	
		Firm/Company	
	2374 Wilton Dr		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Wilton Manors, FL 33305		
		City/State and Zip Code	
	prozacdiver@yahoo.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Nick Berry		954 805-1195 at ()	
Name o	f Person		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)	□ \$60.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2016

NICK BERRY 2374 WILTON DR WILTON MANORS, FL 33305

SUBJECT: 2701FL, LLC Ref. Number: L15000085252 116 AUG -8 PM 2: 14 ALL MIXSSEE - FORIDA

We have received your document for 2701FL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00016037

SECRETARY OF STATE.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2701F (Name of the Limited Lial (A Flor		cs it now appears on our litty Company)	records.		
The Articles of Organization for this Limited Liability Florida document number <u>上りりののの</u> 多ら <u>みち</u>	• •	re filed on 5 · 1	13.15	and as	ssigned
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	mited liability	/ company here:			
The new name must be distinguishable and contain the words "L	Limited Liability (Company," the designation	n "LLC" or the abb	reviation "	L.L.C."
Enter new principal offices address, if applicable:		374 Wilton Dr	Z	g wash	
(Principal office address MUST BE A STREET AD	DRESS)	Vilton Manors, FL 3330)5		Sta Man
			90° M	. 'a '	errage de Sautese
Enter new mailing address, if applicable:	2	374 Wilton Dr	بن ۳۰۰ م پند		garage.
(Mailing address MAY BE A POST OFFICE BOX)	v	Vilton Manors, FL 3330	05 CS2	- G1 - G1	4
B. If amending the registered agent and/or registered agent and/or the new registered office ac		e address on our re	ecords, <u>enter t</u>	he name	of the 1
227	4 Wilton Dr				
New Registered Office Address: 237	· ····································	Enter Florida street	address		
	ton Manors		, Florida ³³³⁰	15	
Wil	ton ivianois		Florida 2220	13	

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

į 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> **Address Type of Action** Name No NAME CHANGE 33305_ Remove Change □ Add 1901 COPAL GARDEUS DRORREMOVE WILTON MANDES FL 33306 Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change Remove/ □ Add

☐ Remove

□ Change

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Filing Fee: \$25.00