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	·	COVER LETTÉI	₹**
TO: Registration Section Division of Corporati	ons	<b>vyle</b> €	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of Amend	lment and fee(s) are sub	nitted for tiling.	
Please return all correspondence	e concerning this matter	to the following:	
_	Ashle	Name of Person	λ
	N	II LU VII	
	576 W	Jest-tree Address	lone
	Plantation AVORTE E-mail address: (1)	City/State and Zip Code  EGA 14176  o be used for future annual r	33324 1 gmail epod notification)
For further information concern	ing this matter, please ca	ıli:	
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Enclosed is a check for the follo	wing amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclar	Certificate of 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

FILED 2015 SEP 28 AM 8: 11

MICHIANT NI STATE FALLAHASSER, FLORIÐA NILUVI LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_L15000115810 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

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n effe ote: I	the date, if other than the date of filing: (optional) (optional) (ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as more effective date on the Department of State's records.	(3)(b the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
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	Signapore of a Member or authorized representative of a member	
	Typed or printed name of signee	

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