L15000115959





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07/15/15--01007--011 **25.00

2015 JUL 15 AH 11: 58

TO: **Registration Section Division of Corporations** SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and Iee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

Enclosed is a check for the 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

TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUL 15 AM II: 58

Zip Code

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>~\5000\\\$959</u> .	ere filed on $\frac{7-6-15}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Property of the Control of the Manager of the Manag	
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 here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Address Type of Action Title Name** Jose Eduardo Rojo 1907 Breezy Hill Dr. HAdd Windermere, FL 34786 Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add

☐ Remove

□ Change

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E. Effective date, if other than the date of filing: \(\frac{13 - 2015}{2015} \) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 605.0
Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	ing requirements, this date will not be listed as t
Dated 7-13-2015, Signature of a member or authorized representation	ive of a member
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Filing Fee: \$25.00