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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Was bout que LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hanzo Fernandez Name of Person
Firm/Company
8123 CR PPER CX
Spring Hill /FL/34606 Fernandez Hanzin@ Email. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hann Femant at (352) 423 - 9717 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2016 JAN -4 PM 3: 02

OF		CALLAGASSEE, FLORDA
Nanch	BALLAGUE / 12	FAFE AGAGOUN, PLANIDA
(Name of the Limited	Liability Company as it now appears on ou A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lial	bility Company were filed on	413 2015 and assigned
The Articles of Organization for this Limited Liab Florida document number <u>L15 0901</u>	19298	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r ce address here:	records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	Linei i wilati met	
	City	, Florida 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 = Man AMBR = Aut	ager 10rized Member					
<u>Title</u>	<u>Name</u>		Address			Type of Action
MOR	Jorge Fe	<u>Mandez</u>	8193	cupper c	7	Add
	Jorge Fe	•	Spring	HRU DA	IFL	
			34	606		Change
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e 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	
	ier of:
December 30. 2015.	
Signature of a member or authorized representative of a member	
tl t'	date, if other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00