1500123260

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
(8t	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer	-
	Office Use Only	



19/11/17--01022--009 ++30.00



S. WARREN DCT 1 3 2017

	COVER LETTER				
TO:	Registration Section Division of Corporations	•			
SUBJE	ст:	F3 MERALOA 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:



For further information concerning this matter, please call:

at (<u>305</u>) <u>718-89</u>+<u>7</u> Area Code Daytime Telephone Number ROSCNO BANCHEZ Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

G \$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 2664 Executive Center Circle Tallahassee, FL 32301

ARTICLE	ES OF AMEND	MENT	
TO ARTICLES OF ORGANIZATION OF			
LA Esmer	• -		
(<u>Name of the Limited Liabili</u> (A Florid	U UG ity Company as it now :	appears on our records.)	
The Articles of Organization for this Limited Liability C Florida document number 1500012320	Company were filed o		S and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	<u>iited liability compa</u>	<u>my here</u> :	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	<u>RESS)</u>		
			<u></u>
Pater many molting and denses of any black to			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(maing address MAT DE A TOST OF FICE BOA)		<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ss on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street address	
	Cip	, Florid	la Zıp Code
New Registered Agent's Signature, if changing Registere	ed Agent:		'
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performan gent as provided fo ed office address, 1	ce of my duties, and 1 r in Chapter 605, F.S	am familiar with and . Or, if this document is
	If Changing Registe	red Agent, <u>Signature of N</u>	ew Replytered Agent
	Page 1 of 3		1:28

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>	Name	Address	Type of Action
ADM	Callos Ekmeres	11089 NW 47Th UN	🗆 Add
		DONCL, FL 33178	Remove
			Change
			O Add
			Remove
			Change
			Add
			Remove
			Change
			O Add
			Remove
			Change
		- <u> </u>	Add
			Remove
			1:28 mge

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	October_	04 2017		17 OC	
		Signature of a member or authorized representative of a member		1 1	FILED
	,	ROJCIUO SCNChez- Typed or printed name of signee	ST 15	1 1: 20	

Page 3 of 3

Filing Fee: \$25.00