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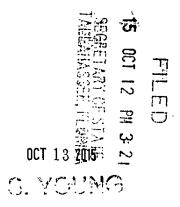
(F	Requestor's Name)	
(<i>F</i>	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
])	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	

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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT		
	Name of Limited Liability Company	
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	n all correspondence concerning this matter to the following:	
	LATIONYA LANE Name of Person	
	Firm/Company	
	2002 NL 44 CT Address	188 日 日
	Miani Fla. 33169 City/State and Zip Code	ILED PH 3:21
	E-mail address: (to be used for future annual report notification)	語 2
For further	information concerning this matter, please call:	**
	Name of Person at (786) 487 8336 Area Code Daytime Telephone Number	 .
Enclosed is	a check for the following amount:	
□ \$25.00	Filing Fee \$\ \begin{align*}	e 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 OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L.1500013267</u> 0	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T E D 3 21
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	20602 N.W. THET.
New Registered Office Address:	Enter Florida street address
	Mi ani , Florida 33/69 City 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.

f 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 = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	LATOMYA LANE	20602 NW 44cT Miani, Fra. 33169	Add
		Miani, Fra. 33169	☐ Remove
			Change
AMBR	LATOLUJA LANE	20602 NW MR G	₽Add
		Miani, Fla. 33169	□ Remove
			□ Change .
			Add
			- Remove
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Effective data if other	er than the date of filin	ı.a.		•	optional)			O
If an effective date is listed Note: If the date insert	d, the date must be specific and ted in this block does not late on the Department of	d cannot be prior meet the applic	to date of filing or able statutory fil	more than 90 day	s after filing	g.) Pursua	ant t 6/6 05. It berliste	.020° :d as
	s a delayed effective er the record is filed		et an effective	time, at 12:	:01 a.m.	on th	e earlie	er o
Dated Octob	Der 2	, <u>2010</u>	<u>5</u> .					
	Signature of &	n member or auth	orized representat	ve of a member				

Page 3 of 3

Filing Fee: \$25.00