L15000 147 255

(Rec	questor's Name)	·
(Add	dress)	
(Ado	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	:

Office Use Only



200277211152

09/21/15--01012--007 **25.00



SEP 25 2015 J SHIVERS

COVER LETTER

TO: Registration Division of C			
SUBJECT:	ACOP AND SAME OF Lim	ited Liability Company	enspondation LCC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	·
	Jacob And	SAMULT RANSPO	relation LCC
	_360 N	E 3/S/.	
	Inst d 317	Olen dall, F. C. 335 City/State and Zip Code C. Jahoo Com to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
ED WID Nam	DAV, 19 e of Person	at Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional conv 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

Λ	Or ,
Acob And Sam (Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
	$\alpha/1$
The Articles of Organization for this Limited Liability	y Company were filed on 8/20/5 and assigned
Florida document number <u> </u>	<u>159</u>
This amendment is submitted to amend the following	Ç.
A. If amending name, enter the new name of the l	imited liability 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer runiau street adaress
	, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Edwin Davila	360 NE 51 St, Fl. LM	Add
		FL 33334	□ Remove
	O		☐ Change
AMBIZ.	gladys A. Davila	360 NE 514 - FI Lardan	Met KAdd
		360 NE 514 - Fil Lardan	□ Remove
			Change
MGR	Gladys A. DAVILA	360 NE 518 FL. Ja	den de Add
	,	FL 33334	Remove
			D Change
			Remove
			Change
			Add
			Remove
		-1	Change
			Add
			□ Remove
			5 01

							
					•		
			<u>.</u>	- 			
			····				
				-			
			 				
						_	
			· · · · · · · · · · · · · · · · · · ·				 -
			120,714.41				
		<u></u>		· · · · · · · · · · · · · · · · · · ·	.		
					<u> </u>	115.5	
							<u> </u>
				·		7-31	ξP \$
						100 -X	
						도하 <u>도</u> 하	
<u> </u>							
ffective date, if other an effective date is listed.	than the date of fili	ing:		(optional)		
Note: If the date inserted to the comment's effective date in the date inserted to the comment's effective date is inserted.	d in this block does no	t meet the applic	able statutory fili	nore than 90 days	s after filing.;	will not b	to 605.020 e listed a
e record specifies a The 90th day afte			t an effective	time, at 12:	01 a.m. (on the e	earlier (
\sim $^{\prime}$	mher 18	_,2015	ン ラ /〉 -				
Dated				<i>-</i> 1			
Dated			orized representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00