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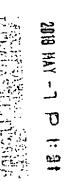
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XIII 7 J.

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	YL FCOC Name of Lim	ING LLC nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Beid	Name of Person	
	XL F	COCING LLC Firm/Company	
	5913 LIM	a Vista Lanc	
	BOO Rak	ON FL 33433 City/State and Zip Code	
	E-mail address: (1	SET ENT (O GMAIL CO to be used for future annual report noti	Y)
For further information co.	ncerning this matter, please ca	all:	
BRION FA	Person	at (<u>501</u> <u>400 -</u> Area Code Daytime	3970 e Telephone Number
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, FI, 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

	16 LLC FILED
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1500151430</u> .	were filed on OI/OH) 20 H and assigned FALLAHASGEE PUBLISHOR
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5913 Vista Linda lanc Bota Paton FL 33433
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Luana Da Silva	5913 Vista Limba Lane	Add
		Boga Raton Fl 33433	Remove
			□ Change
AMBR	WARD DASINA	5913 VISIA LIMA LAM]☑ Add
		Bus Rajon Fl 33433	□ Remove
			Change
			
			□ Remove
			Change
			□ Add
			🗆 Remove
			Change
			□ Add
			Remove
			🗆 Change
			□ Add
			_□ Remove
			□ Chungo

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
(It an et Note:	five date, if other than the date of filing:	207 i as t
1116	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	Signature of a member or authority ed representative of a member	
	Signature of a member or authorited representative of a member	

Page 3 of 3

Filing Fee: \$25.00