115000/57003

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700315783167

07/16/16--01025--023 **25.00

N COOPER JUL 23 2018

COVER LETTER

	stration Section sion of Corporat	ions	•	
SUBJECT: _	GY	anite Name of Lin	Liability Company	
The enclosed	Articles of Amen	dment and fec(s) are sub	omitted for filing.	
Please return	all correspondenc	e concerning this matter	to the following:	
	_	<u>Jaso</u>	Name of Person	
	_	Gron	He King2 Firm/Company	W_
		6677 6	Drd terrace	N. Unit D
	_	RIVIEra	beach the 3 City/State and Zip Code	3407
	_	E-mail address: (HLING ZO MAKE (10 be used for fluture armbal report noti	OOK · COM
For further inf	formation concert	ning this matter, please c	all:	
J (190	Name of Perso	14 n	at (50) Daytim	1 1323 Te Telephone Number
Enclosed is a	check for the foll-	owing amount:		
⊠ \$25,00 Fil	ling 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, 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 Com	pany as it yow appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number <u>215000157003</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		breviation "L.L.C."
Enter new principal offices address, if applicable:	1-0	g
(Principal office address MUST BE A STREET ADDRESS)	N-X	SECURIOR SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NX	TARY OF STATE OF CORPORATIONS
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
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 Type of Action Title Address Name RIVIEVA Brach, FL 3340 Themove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove _□ Change □ Add □ Remove _ Change

-	Dlea	CD	VF	MO	110		Ta	S() 8	— Դ			······································				
_	+hi	,	ro	9/5	·		~/_	<u> </u>	<u>'</u>	<u> </u>	ر <u>بلار</u> عکمہ د	$\mathcal{I}_{\mathcal{I}}$	<u> </u>	<u> </u>		
-	<u> </u>	<u>. </u>	/ (917	<u>/(_/</u>		<u> </u>	ر ک	CG	<u>er</u>			<u> </u>		-	_
_	UP.	//,														<u>—</u>
_				<u> </u>												
-	-			-												
-			 -													_
_														··-		_
_																
																9
															- 6	- SIV
_					- .					 -		_			<u>=</u>	— 2
-															5	∓ —0
_															呈	포
															<u></u>	₹ATE
															œ	_ `
_	· <u>-</u>	-												-		
_													 -			_
_																
effe	ive date, if	listed, th	e date m	ust be spe	ecific and	d canno	ot be prior	to date o	of tiling	or more	than 90	davs aft	t ional) er filing.) Pursua	ant to 6	505.02
<u>te:</u> um	If the date is ent's effecti	nserted ve date	in this l	olock do Departir	es not r ent of S	neet ti State's	ie applic records	able sta	tutory I	filing re	quirem	ents, th	is date	will no	ot be l	isted
				•												
rec	ord speci	fies a	delaye	ed effe	ctive o	date,	but no	t an e	ffectiv	e tim	e, at 1	2:01	a.m.	on th	e ear	rlier
he	90th day															
1	Ju	/u	1	1 An			2018	2								
eu _						· _ ·	<u> </u>	<u></u>								

Typed or printed name of signee