## L15000157360

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

JUH 2 4 2019 T SOKROZDZR

## **COVER LETTER**:

JUBILET.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
(additional copy is enclosed) Certified Copy			
	THE MEDI LAW FIRM	Name of Person	
	2151 S LEJEUNE ROAD SI		
	CORAL GABLES	Address	
	_	.COM	
For further information (			cation
MAX ADAMS		305 444-3484	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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 Limite	· ·	ny as it now appears on outliability Company)	ır records.)	<del></del>
	ability Company	were filed on <u>9/16/201</u>	5	and assigned
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 9/16/2015 and assigned  Florida document number L15000157360  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  2151 S. Isature P.D. #336  Enter Florida Street address  (Cury Legales Florida Street address)				
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabili	ity Company," the designat	ion "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		AHA	NOC 61
Enter new mailing address, if applicable:				
The Articles of Organization for this Limited Liability Compariorida document number L15000157360  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited		Tice address on our		2 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
registered agent and/or the new registered of	fice address here	2:		
Name of New Registered Agent:	The La	u of: (e) a	F Max A.	Adams BSOP
New Registered Office Address:	2151 S.	12-1401 RD Finter Florida str	#306 eei address	
	<u>Pora</u>	l <u>Calples</u> City	, Florida	3

## 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>	<u>Address</u>	Type of Action
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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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  One of a member of			
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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  Order  [Optional]			
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Filing Fee: \$25.00