L5005/630

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

OCT 13 2015 G. YOUNG COVER LETTER

TO: Registration Se Division of Cor			3 *	
SUBJECT:		Collins Ave L	<u>-LC</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following: •		
	Rebella	H. GURFINC Name of Person	hel	 .
		Firm/Company		_
	6122	Belina Ct	<u>:</u>	
		ta, FC 3427 City/State and Zip Code	38	
		el a yahoo co		T 12 P
For further information c	oncerning this matter, please ca	all:		子の私の
Rebeka (Eur Finchel Person	at (410) 365 — Area Code Daytim	_0840 e Telephone Numbe	20
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Ree	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate 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

1110

(Name of the Limited	Liability Compar A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Lial Florida document number <u>L1560015</u>		were filed on <u>Sept 21 [±]</u>	, 2015 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	lity company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L,C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		9801 Callins Bal Harbour,	Ave #14P FC33154
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>OX)</u>	6122 Belina Sarasota, F	Ct. C34238
B. If amending the registered agent and/or registered agent and/or the new registered office			enter the name of the new
Name of New Registered Agent:	Ana	Reynagarie	
New Registered Office Address:	4512 1	COPSO VEMELICA Enter Florida street address	BIVA F
New Pegistered Agent's Signature if changing De	gistered Agent	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

0	If amending A or removed fr	Authorized Person(s) authorized to man om our records:	nage, enter the title, name, and address of each	person being added
	MGR = Mar AMBR = Aut	nager horized Member	·	~
	<u>Title</u>	Name .	Address	Type of Action
	MGR	Ana Reynapaje	4512 Corso Venetia B	CO Add
			Venice/FL 34293	☐ Remove
				Change
Ä	MBR_	Rebeka H. Gurfinchel	6122 Belina Ct.	
			Sarasota, FL 34238	□ Remove
				Change
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Dated <u>Sept 29</u> , <u>2015</u> .	carrier or
Ann Common in	
Signature of a member or authorized representative of a member	
Ana Reynagarie	

Page 3 of 3

Filing Fee: \$25.00