115000/177911

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

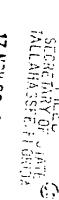
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COVER LETTER

TO: Registration Section

Division of Co	rporations		
1428 LLC			
SUBJECT:	Name jo f Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspond	ondence concerning this matter	r to the following:	
		Ç	
	Samuel Wise		
		Name of Person	
		Firm/Company	
	401 NW 73rd Ter		
		Address	
	Hollywood, FL 33024		
		City/State and Zip Code	
	samwise21@live.com	/. F= 1.6 6	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	(to be used for future annual report notif	ication)
For further information (concerning this matter, please o	call:	
Samuel Wise		954 2052782 at ()	
Name (of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14281,44			
(<u>Name of the Limited Liabili</u> (A Florida	v Company as it now appears on our records Limited Liability Company)	<u>r.)</u>	
The Articles of Organization for this Limited Liability C	ompany were filed on 10/20/2015	and assigned	
Florida document number L15000177911	<u>_</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		-1 -	
(Principal office address MUST BE A STREET ADDR	(ESS)	7 7	
		NOV 2	
Enter new mailing address, if applicable:		Service of the servic	
(Mailing address MAY BE A POST OFFICE BOX)		9:	
		<u> </u>	
B. If amending the registered agent and/or regis		. enter the name of the new	
registered agent and/or the new registered office add	ress here:		
Name of New Registered Agent:			
New Registered Office Address:	Carroll Ward American		
	Enter Florida street address		
 	, Flo	orida 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

	ng Authorized Person(s) authori d from our records:	ed to manage, <u>enter the title, name, and addres</u>	s of each person being added
MGR = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alejandra Hassan	8362 PINES BLVD SUITE 480	
		PEMBROKE PINES, FL 33024	■ Remove
			Change
MGR	Samuel Wise	401 NW 73rd Ter	
		Hollywood, FL 33024	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			□ Change

. O. If amending any other informat	ion, enter change	e(s) here: (Attach a	additional sheets, if i	necessary.)	
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	11/	22/17			
2. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:	t be prior to date of filing the applicable statutor	ng or more than 90 days	optional) after filing.) Pursuant to 60 , this date will not be lis	5.0207 (3)(b) ted as the
f the record specifies a delayed b) The 90th day after the reco		but not an effect	tive time, at 12:0	01 a.m. on the earli	ier of:
Dated November 22nd	201	17 			
Smill	Z as	<u>manaaina mav</u> er or authorized represe	ntaive of a member		
Samuel Wise		y or announced represen			
	Турес	d or printed name of sig	gnee		
		Page 3 of 3	1		
	ים וווון	iling Fee: \$25.00	,		