L15000 182078

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	, #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



600283649456

04/06/16--01005--011 **25.00

16 APR -6 AH II: 40

APR 0 8 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mirza Halilovic Name of Person
Alta United IIC Firm/Company
2771 Monument Rd Svite 40
Jacksonville, F 32005 City/State and Zip Code
E-mail address: (to be used for future annual report metification)
For further information concerning this matter, please call:
Mane of Person at (904) 201-2580 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scrifficate of Status Scrifficate

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

Alta (Inited 1	1c				
(Name of the Limite)	Liability Company as A Florida Limited Liabil	it now appear: ity Company)	on our records.)			
The Articles of Organization for this Limited Lia		e filed on <u>\</u>	200/190	an	d assign	ed
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liability	company he	<u>re</u> :			
The new name must be distinguishable and contain the wo	rds "Limited Liability C	ompany," the de	signation "LLC" or the	abbreviation	on "LL.C.	11
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u>	<u> </u>				
	- 					
Enter new mailing address, if applicable:				-		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _		·			
	_		<u> </u>	**	— 6 − Ā₽	
B. If amending the registered agent and/o registered agent and/or the new registered offi		address on	our records, ente	r the na		the new
Name of New Registered Agent:	Cathe	Rine	Sonchez	. 31 	HH	
New Registered Office Address:	1771	MON (ment Rd	Su	Je C	10
	Jackson	ville	, Florida _	30°	225	

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.

hanging Registered Agent Signature of Vew Registered Agent

Page 1 of 3

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR Mirza Halilovic 2771 Mo		2771 Morsument Rd Sik	40 Add
		Jacksonville, F132225	Remove
	· ·		Change
MGR.	Catherine Sanchez	P.O. Box 350151	
		Jacksonville, FT 32235	Remove
			Change
			Add
		□ Remove	
			□ Change
			Remove
			Change
		(E)	Add
			□ Remove
			Change
			🗅 Add
			□ Remove
			Change

			
	,		
	1.	1	
	1,34 194 194	 품:	:
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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	Pursüant t vill not be	o 66502 e listed	207 (1 as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	n the e	arlier	of:
Dated 4/1 /2016/			
Signature of a member or authorized representative of a member			
Signature of a memory of aumorized representative of a memoer			

Page 3 of 3

Filing Fee: \$25.00