L15000188232

(Rec	questor's Name)	
(Add	fress)	
(Add	lress)	<u> </u>
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900287334279

07/21/16--01021--011 **25.00

16 AUG -5 PH 3: 32

AUG 0 8 2016 Y SULKER



July 22, 2016

CARLOS TELLERIA 10043 N DALE MABRY HWY TAMPA, FL 33618

SUBJECT: FRESH START 176, LLC

Ref. Number: L15000188232

We have received your document for FRESH START 176, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 516A00015387

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESH START 176 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L15000188232 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 "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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

Title	<u>Name</u>	Address	Type of Action
MGR	CLAUDIA I RAMOS	10043 N DALE MABRY HWY	Add
		TAMPA, FL 33628	■ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			The move
			Change
			Change PAdd
			© Remove
			Change
			Add
			□ Remove
			Change
		_	
			□ Remove
			☐ Change

HAVE REPORTED THIS TO THE IRS WHEN I GOT MY EIN. PLEASE MAK EARLIEST POSSIBLE DATE. I FILED THE APPLICATION 11/5/15 TO BE EN LATEST MAKE IT BEFORE 1/1/16. THANK YOU. IF YOU CANNOT CHANGE	
	FFECTIVE 1/1/16. AT THE
LATEST MAKE IT BEFORE 1/1/16. THANK YOU. IF YOU CANNOT CHANG	
- · · · - · · · · · · · · · · · · · · ·	GE IT THEN, THEN USE
THE EARLIEST POSSIBE EFFECTIVE DATE IF IT'S 90 DAYS AGO.	
	3 5
	AUG
	\$ 5 5 5
	<u> </u>
	7>
ffective date is listed, the date must be specific and cannot be prior to date of filing or more that If the date inserted in this block does not meet the applicable statutory filing requiement's effective date on the Department of State's records.	irements, this date will not be lis
ecord specifies a delayed effective date, but not an effective time, e 90th day after the record is filed.	at 12:01 a.m. on the ear
d APRIL 20, 2016	

Page 3 of 3

Filing Fee: \$25.00