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| (Re                     | equestor's Name)     |  |
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| PICK-UP                 | ☐ WAIT               | MAIL   |
|                         |                      |  |
| (Bu                     | siness Entity Name   | <u>,                                      </u> |
| ,2                      | emode Emily Manne    | ,  |
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| (Do                     | ocument Number)      |  |
|                         |                      |  |
| Certified Copies        | _ Certificates of    | of Status                                      |
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| Special Instructions to | Filing Officer:      |  |
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17 APR 25 PM 3: 36



## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |   |        |
|--|---|---|---|--------|
| SUBJECT:                               | tnle New Ho   | On 200 LLC ited Liability Company   |   |        |
| The enclosed Articles of               | Amendment and fee(s) are sub  | emitted for filing.   |   |        |
| Please return all correspo             | ndence concerning this matter   | to the following:   |   |        |
|  | Lisette 6   | Name of Person  |   |        |
|  | Law obbi  | (1) JA LISTH M  | · Slamp (A  |        |
|  | 7950 NW   | 1555+ Unit  | 101   | T SE   |
|  |   | City/State and Zip Code   |   | AFR 25 |
|  | Class ( E-mail address: (   | to be used for further annual report notifi   | cation)   | 2 THE  |
| For further information c              | oncerning this matter, please c   | all:  |   | 3: 36  |
| Listk<br>Name o                        | Slaveo<br>f Person  | at (205) 450 -<br>Area Code Daytime   | Telephone Number  |        |
| Enclosed is a check for the            | ne following amount:  |   |   |        |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status                                      | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)   | □ \$60.00 Filing Fee,<br>Certificate of Statu<br>Certified Copy<br>(additional copy is encl |        |
| Registr<br>Divisio<br>R.O. Bo          | ING ADDRESS:<br>ation Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURIE<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Cen<br>Tallahassee, FL 323 | n<br>utions<br>uter Circle  |        |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Anle New Hori  | Company as it now appears on our records.) Cimited Liability Company)     |
|--|---|
| The Articles of Organization for this Limited Liability Cor<br>Florida document number <u>L15000190</u> F  | ompany were filed on  |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limite  | ed liability company here:  |
| The new name must be distinguishable and contain the words "Limite   | ed 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 ADDRE   | ESS)  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                    | SEGRETARY OF ALLEAHASSEET   |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre | ered office address on our records, enter the name of the new ess here:   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | . Florida   |
| <del></del>  | 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

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 **Type of Action** Title **Address** Name 11309 NWF7 Street Raphael Perez Doral PL 33171 Remove **Change** 11309 NW FT Street Rafael lerez ☐ Remove □ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove

☐ Change

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| n effective<br><b>te:</b> If the | ate, if other<br>date is listed,<br>date inserte<br>effective dat | the date m<br>d in this l | nust be spec<br>block doe | cific and<br>es not m | cannot<br>neet the | e applie    | r to da<br>cable | e of fi  | iling or | more  | than 90<br>quirer | days a | otiona<br>fler filir<br>this da | ng.) Pursu | ant to 605<br>of be list | 5.020<br>ed a | 17<br>S |
|                                  | specifies and afte  |                           |                           |                       | late, l            | out no      | ot an            | effe     | ctive:   | : tim | e, at             | 12:0   | 1 a.m                           | . on th    | e earli                  | er o          | )1      |
| ed                               | : 1   | 1 ~                       | -0                        |                       | 2                  | nι          |                  |          |          |       |                   |        |                                 |            |                          |               |         |
|                                  |   | 12                        |                           | ,                     | <del>-</del>       | <u> </u>    |                  |          |          |       |                   |        |                                 |            |                          |               |         |

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Filing Fee: \$25.00