L15000190991

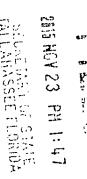
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Con			
UBJECT:	13000 LERIDA LI	LC .	
Object.	Name of Lim	ited Liability Company	·
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Said Almukhtar		
		Name of Person	
		Firm/Company	
	14205 SW 68 AVE		
		Address	_
	Miami Fl. 33158		
		City/State and Zip Code	
	Said1@bellsouth.net		
for further information c	oncerning this matter, please c	to be used for future annual report notifi	cation)
Said Almukhtar	, r	at (305) 796-120	0
Name of Person Area Code Daytime Telephone Number		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, Certificate of Status & Certified Copy (additional copy is enclose

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

13000 LERIDA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___11/12/2015 and assigned L15000190991 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMERICA 1 LLC 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 name of the new 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.

City

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

<u>Title</u>	Name	Address	Type of Action
MGR	MACIVOR, SHARON	9495 OLD DIXIE HWY. MIAMI FL. 33156	, □ Add
			Remove
			□ Change
			🗆 Add
			□ Remove
	·		□ Change
			Add
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	•		Change
			□ Add
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			Change
			□ Add
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			☐ Change

he 90th day after the	record is file	ed.	not an encet	ite time, at 1	. 2. O	on the	ca, nei
record specifies a del	aved effectiv	ve date. but	not an effecti	ive time, at 1	2:01 a.m.	on the	earlier
n effective date, if other than te: If the date inserted in the cument's effective date on the	te must be specific his block does n	and cannot be protot meet the app	licable statutory	g or more than 90 of filing requirement	(optional days after filing ents, this date	g.) Pursuant	to 605.02 be listed
ective date, if other than	n the data of C	11:			(0-4:	`	
							
							
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Filing Fee: \$25.00

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