# L15000192352

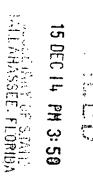
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## COVER LETTER

TO: Registration Se Division of Cor		\$	
SUBJECT:	59669	o LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EURIQU	Name of Person	,
		Name of Person	
		PEEDS LLC Firm/Company	
	761 E PLONTOT	ion circle	
		Address	
	PLOUTATION	Address  FL 33324  City/State and Zip Code  O C HOTMS IL. Co. to be used for future annual report notifi	
		City/State and Zip Code	
	<u>SPEE</u>	30 (G) HOTMSIL. CC	Dr-11
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
ENRIQUE (	ABOURO	at (954) 258 O Area Code Daytime	223
Name o	f Person	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, Certificate of Status & Certified Copy (additional copy is enclosed)

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

SIEESO 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 <u>FLOCIDA</u> and assigned Florida document number <u>L15000192352</u> .
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 name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Emer Florida street address
City , Florida ,
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 will 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 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 Address Title** Name 761 E PLONTOTION CIRCLE ENRIQUE CABALLERO MGR 🗷 Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change A SS Charlige □ Remove \_□ Change □ Add ☐ Remove

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lfan effect <u>Note:</u> If	e date, if other than the ive date is listed, the date mu the date inserted in this b t's effective date on the D	st be specific an lock does not	d cannot be prio meet the appli	cable statutory	filing requir	ements, this d	ing.) Pursuant to	605.0207 listed as
	rd specifies a delaye Oth day after the red			ot an effect	ive time, a	t 12:01 a.n	n, on the ea	ırlier ot
	DECEMBER	8711	, 2015	<u>-</u>				
Dated _			,	1				
Dated		_	A					
Dated		Signature of a	member or auti	norized represer	itative of a mer	mber		-

Page 3 of 3

Filing Fee: \$25.00