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JUN 0 1 2016

SWARREN

COVER LETTER

SUBJECT: M	ractiva, UC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Don Go	Name of Person	
	Don Ga	MZGUZ P.A Firm/Company	
	1820 N.	Corp Carles	Bivd 201
	Waston :	FL 33346 City/State and Zip Code	
	E-mail address: (2012 OCL. Octobe used for future annual report no	tification)
For further information cor	ncerning this matter, please ca	all:	
Don Gro	Person	at (954) 508 Area Code Daytin	B - 0660 ne Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section
Division of Corporations

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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 11600012922.	were filed on ON 1912016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	FN3
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TARY OF STATE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 = M $AMBR = A$	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBY	Carlos A. Muncy mira	1820 N. Corp Lanes Blud	<u> 201</u> 🗆 Add
		Warton Fl 33826	□ Remove
			X Change
AMER	CAYLOGA. MIYO	1820 N. Corp Lakes Blod	201 _ Add
		Weston Fl 33826	□ Remove
			Change
			Add
			☐ Remove
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Filing Fee: \$25.00