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2016 OCT 25 P ID: 36

SECRETARY OF STATE
ANASSEF, FLORIDA

D. BRUCE OCT 26 2016

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Sired, LLO	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Doisyre	Name of Person	<del></del>
		Firm/Company	<del></del>
	9958 Pa	Jal Palm BIVD	<del> </del>
	Coxcal Spi	nings FL 3300 City/State and Zip Code	5
	E-mail address: 10	to be used for future annual report notificati	COME & B
For further information con	ncerning this matter, please ca		
Daisyre Al	VCTC 7	at (QSU) VOO - 7 Area Code Daytime Tel	AHASSEE, FLORID
Enclosed is a check for the	following amount:		≯″ <b>ਰੌ</b>
\$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

(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on 360 21,2016 and assigned
This amendment is submitted to amend the fol	llowing:
A. If amending name, enter the new name	of the limited liability company here:
Enter new principal offices address, if appli (Principal office address MUST BE A STRE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of the new	d/or registered office address on our records, enter the name of the new office address here:
Name of New Registered Agent:  New Registered Office Address:	Daisyle Alvarez To
	COral Spn ng S, Florida 33065 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 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

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Actio □ Add ☐ Remove Daishe Alvares □ Add ☐ Remove ☐ Change □ Add □ Remove Change Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add

or removed from our records:

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Filing Fee: \$25.00