116000019623

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900290092079

09/19/16--01012--026 **25.00

2016 SEP 19 PM 4: 02

K. SALY SEP 2 2 2016

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: ADR Fote 11C. Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Alec Rosen Name of Person	
	ADR Enterprise // C	
	11 Centennial Court Decoket Derek, Ph 33412	>
	Deerfield Beach, FL 33442 City/State and Zip Code Aleco add life Solutions. com E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
	Mel Rosen at 914 787-9687 Name of Person Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$2	5.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

	\mathbf{O}	
	ORGANIZATION	FILER
C) F	1016 SEP : W
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	2016 SEP 19 PM 4: 0. MALIAMASSEE, FISTATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600019(e23</u> .	were filed on 01/28/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3209 TUSCARY V	VAY
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach,	FL 33435
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3209 Tuscany	NAY El 32125
Induing duaress MAT BE AT OST OTTICE BOAT	- Dymon Sacri	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>e</u> <u>e</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
•	Enter Florida street address	
	, Florid	
	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 2016 SEP 19 PM 4: 02

SLENE JARY OF STATE
CHILDREN or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> **Title** Name □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change \square Add □ Remove □ Change □ Add □ Remove ☐ Change _ Add □ Remove _□ Change □ Add □ Remove _□ Change

				<i>.</i>	1/ F 1 1/9 PM 4.
	,			2016 000	
·				- 3EP	19
		•		TALLAHAS	97 no
					EE, FILAT
<u></u>	<u></u>				
		<u> </u>	-		
				 	<u> </u>
					<u></u>
•				_	
		<u> </u>	<u></u>	<u> </u>	
		<u> </u>	<u>-</u>	· ·	
					
			_ 	·	
				<u> </u>	
			<u> </u>		
ective date, if other than the date of filing	id cannot be prior to	o date of filing or m	ore than 90 days	optional) after filing.) Pur	suant to 605.02
e: If the date inserted in this block does not ument's effective date on the Department of	meet the applical State's records.	ble statutory filin	g requirement	s, this date will	not be listed
record specifies a delayed effective ne 90th day after the record is filed		an effective t	ime, at 1 2:	01 a.m. on	the earlier
ed \$9/13/2016	//)			
	ν	_			

Page 3 of 3

Filing Fee: \$25.00