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Office Use Only



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736 - 7 1018 S. PRATHER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		35, LLC ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Victor</u> L.	Buonamia Name of Person	<u></u>
,¢	3T1 VT_	S 3S, LLC Firm/Company	
	2135 Har	rden Blud.	
	Lakeland	FL 33803 City/State and Zip Code	
	Victor. b E-mail address: (FL 33803 City/State and Zip Code UNAMIACH to be used for future annual report notif	p-11C.Com
For further information	concerning this matter, please or		
Victor T	Buonamia of Person	at (<u>813</u>) <u>498 (</u> Area Code Daytime	A86 EXT. 100 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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, F1, 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

JV ITES 35	
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $2 \cdot 1 \cdot 16$ and assigned . 7
Florida document number <u>L16000019743</u> .	
This amendment is submitted to amend the following:	# 1 69 4.2
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	2135 Harden Blvd
(Principal office address MUST BE A STREET ADDRESS)	Lakeland FL 33803
Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zıp 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 = Manager

AMBR = Authorized Member Type of Action Address Name Title 2135 Harden Blvd AMBR NicoleBuonamia Add Lakeland Fi 33803 ☐ Remove ☑ Change Victor Buonamia 2135 Harden Blvd Lakeland FL 33803 □ Remove ☐ Change Erik Thomas 2135 Harden Byd Lakeland FL 33803 ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

	<u>, </u>	
	<u> </u>	
		_
Fantiva	date, if other than the date of filing: 7.31.18 (optional)	
m effectiv ote: If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I seffective date on the Department of State's records.	605,0207 listed as
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	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of
ine 90	Oth day after the record is filed.	
ted	July 31. 2018.	
	1/4 2 2	
	Signature of a member or authorized representative of a member	2
	<u> </u>	<u>는</u> 55 년
	Victor L. Buonamia Typed or printed name of signee	<u>.</u> (*
		<u> </u>
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Filing Fee: \$25.00