## L1600034121

(Re	equestor's Name)	<del> </del>
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Certified Copies	_ Certificates	of Status
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## **COVER#LETTER**

CIT 130 330 CAL	RCK LLC
	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	RUBEN D. TORO
	Name of Person
	RUBEN TORO P.A.
	Firm/Company
	7901 KINGSPOINTE PKWY STE. 31
	. Address
	ORLANDO FL 32819
	City/State and Zip Code
	rubentorocpa@hotmail.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Ruben D. Toro	407 370-6445 AT
	ne of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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$\Delta \Lambda$	VI M	$\mathbf{N} \cup \mathbf{N}$	LLC

New Registered Agent's Signature, if changing Registered Agent:

( <u>Name of the Limited Liah</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
he Articles of Organization for this Limited Liability	y Company were filed on 02/18/2016 and assignment	gned
lorida document number L16000034121		
his amendment is submitted to amend the following:	:	
. If amending name, enter the new name of the li	imited liability company here:	
AMARCK LLC		
ne new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L	.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
vialing dauress MAT DE A FOST OFFICE BOX		
If amonding the resistened agent and/or resistence	cistoured office address on our moneyer autou the manner	£ 4h.
egistered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name o</u> ddress here:	1 1110
Name of New Registered Agent:	74 <b>21</b>	
Nume of New Registered Agent.	>	
New Registered Office Address:	Det Contract	
	Enter Florida street address ⊃ 💍	
	, Florida >	
	City Zip Colle	

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

<u>itle</u>	<b>Name</b>	<u>Address</u>		Type of Action
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Signature of a member or authorized representative of a member		٠							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00