# L16000035297

(Requestor's Name)	—
(Address)	
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PICK-UP WAIT MAIL	
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# **COVER LETTER**

<del>G</del>				
SUBJECT:    Command   Composition   Composition				
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	<u> </u>	Hecker Crona. Name of Person		
	<del></del>	Firm/Company		
		9128 SW 255' Address		
		Miami F1 33165 City/State and Zip Code	· <del></del>	
	E-mail address: (	a. Oaster. 771 Ogwunte. To be used for future annual report notifi	cation)	
For further informati	on concerning this matter, please ca	all:		
Au, Na	me of Person	at ( 305 ) 264 - 8 Area Code Daytime	Telephone Number	
Englosed is a check	for the following amount:	Amendment and fee(s) are submitted for filing.  Sondence concerning this matter to the following:    Hada Chana.		
\$25.00 Filing Fe	e \$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 Limited Liability	Company as it now appears on our records.)	
(A Florida L	Limited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on $\frac{2}{19/16}$ .	_ and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(223</u>	· · · · · · · · · · · · · · · · · · ·
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		name of the new
Name of New Registered Agent:		3 17
New Registered Office Address:	Enter Florida street address	5: 5
	. Florida	
		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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Michael F1 33165	☐ Remove
			Change
			Add
			□ Remove
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Effective date, if otl	her than the date of fi ed, the date must be specific	iling:		(optio	nan 5 5 (	300
Note: If the date inse	erted in this block does n	ot meet the applic	able statutory filin	ore than 90 days after g requirements, this	filing:) Purs to 60 date will not be lis	)5,020 sted a
document's effective	date on the Department	of State's records.				
ne record specifie	es a delayed effectiv	ve date, but no	t an effective t	ime, at 12:01 a	.m. on the ear	lier d
	fter the record is file					
Dated 0(+ 20	4	2011	( )			
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Dated Of 2						

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Filing Fee: \$25.00