## LIG 000037273

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	He Venouse	1 446	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		9 olds eng	·
		Firm/Company	
	1101 SW 7	71 Ave Address	
	Plyo THI TEN	City/State and Zip Code	
	E-mail address: (1	The Solds of the Control of the Cont	ication) (1)
For further information of	concerning this matter, please ca	all:	•
Slynn	Goldberg	at (JJ) 224 Area Code Daytime	1 0867
Name	V V	Area Code Daytink	No. 1 rereptione (Number
Enclosed is a check for the	he following amount:		•
\$25,00 Filing Fee	S30.00 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 5		Street Address: Registration Sec	ction
Division of C P.O. Box 632	•	Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited I	inhility Company as it now annears	on our records	
1 Λ)	iability Company as it now appears lorida Limited Liability Company)	on var records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	$\frac{2/23/16}{}$ and assigned	d
Florida document number <u>L16 00003</u>		,	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> ;	
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>	
			<u>(``)</u>
B. If amending the registered agent and/or regis	tered office address on our rec	ords, enter the name of the new reg	<u>istered</u>
gent and/or the new registered office address he	ere:	•	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:		~~~	
	Enter Florid	a street address	
<del>-</del>		, Florida Zip Code	
	Ciù	z.p 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 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>	Name	Address	Type of Action
MGR	MICHACL Robilio	1101 SW 71 Ave	🗆 Add
		PLANTANON, FL 37317	Premove
			□Change
MAR	RADON GOLDSCRG	1101 Sw 71 gue	<b>&amp;</b> Add
		PLANTING FL 37317	□Remove
			□Change
			🗆 Add
			□Remove
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date one:  If the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursuant to 6	05.020 isted a
ocument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 1 is filed.	2:01 a.m. on the earlier of: (b) The 90th day af	ter the
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ited		
Signature of a member or authorized rep	- was defined in the same of t	