# MUPOCOULL

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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: RT		PAC CC -	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Robert I	Mame of Person	<del></del>
		Firm/Company	
	1104 Sum	NET BrEEZET	Dr
	Brundon	F1 335// City/State and Zip Code	
	E-mail address: (to	cma7777772	9Mail, Com hotification)
For further information cond	cerning this matter, please cal	<b>l</b> :	
Robert -	I Morales erson	at ( <u>\$/3</u> ) <u>4/7</u> Area Code Day	0708 vtime Telephone Number
_	following amount:  ### \$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 Dability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L160000 40400</u> .	any were filed on $\frac{2/26/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	

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 RIGB Flag Car 1104 Summer Dreere Dr   Add    Brandon Fl 335/    Bramove   Change   Add     Remove   Change   Add     Remove   Add     Remo	MGR = Ma $AMBR = Au$	nnager ithorized Member		
Brandon FI 335/I Defemove    Change	<u>Title</u>	<u>Name</u>	Address	Type of Action
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Add   Remove   Change   Add   Remove   Change   Add   Remove   Change   Add   Remove   Change   Add   Remove			Brandon Fl 33511	□ Remove
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier egoth day after the record is filed.
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ıe	03-19-2016
ıe	23-19-2016 Description =
ıe	23-19-2016  Description: Signature of a member or authorized representative of a member
ıe	23-19-2016  Description Models  Signature of a member or authorized representative of a member  Robert I. Morales
ıe	Signature of a member or authorized representative of a member
ıе	Page 3 of 3  Page 3 of 3  Page 3 of 3