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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	Er	nergy Station Name of Lim	49st LLC	
		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		MITH	Name of Person	
		Energy sta	Firm/Company	
			Firm/Company	
		1600 EW	27th Ave	
			Address	
		Miami, Fl	L 33145 City/State and Zip Code	
		Obandocaro	to be used for future annual report in	The state of the s
E C	c		·	omication)
For further in	formation co	ncerning this matter, please co	all:	
John	0 4 0	oband o	at (<u>786)</u> 290 Area Code Days	-0541
	Name of	Person	Area Code Dayt	ime Telephone Number
_		following amount:		
☑ \$25.00 Fi	lling Fee	☐ \$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 (A Florida I.	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Con	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	d Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 NON NO.
(Principal office address MUST BE A STREET ADDRE		N 37 10 27 1
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	AH 6:
(Mailing address MAY BE A POST OFFICE BOX)		32
B. If amending the registered agent and/or registe registered agent and/or the new registered office addresses.	red office address on our records, ss here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	City	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>	<u>Address</u>	Type of Action
MERM	Marma ayak	1600 SLU 27th Ave Miami, FL 33145	
			☐ Remove
			🗆 Change
MERM	John J. obando	1600 SW 37th Are Miami, FL 33145	DAdd
			Remove
			Change
			Remove
			Change
			🗆 Remove
			Change
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			□ Remove
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			□ Remove
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ctive date, if other to effective date is listed, the sign of the date inserted in iment's effective date of the date of the sign of the s	date must be specific in this block does no	and cannot be prior of meet the application	able statutory fil	more than 90 days aff	tional) er filing.) Pursuant to 6 his date will not be l	505,020 isted a
ecord specifies a d le 90th day after t	delayed effective the record is file	e date, but no d.	t an effective	time, at 12:01	a.m. on the ear	rlier (
d november	20Th	. 2017	·			
	Thuy	4m)				
			orized representati			

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Filing Fee: \$25.00