L16000011733

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
!		

Office Use Only



700284692227

04/20/16--01010--013 **25.00

15 APR 20 AM 9: 52
SECRETARY OF STATE
ASSESSED FLORIDA

J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA HLEGRIC DOMINICA (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our recor ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa		
	my were med on	
Florida document number L16000041733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		F.C. 20
Principal office address MUST BE A STREET ADDRESS		(2) -m (-7)
		70. E 111
		Es co
Enter new mailing address, if applicable:		1 9: 52 FLORIDE
Mailing address MAY BE A POST OFFICE BOX)		음류 2
Manning water to the state of t		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	r	lorida
	City , L	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

MGR = Manager AMBR = Authorized Member				
<u> Fitle</u>	<u>Name</u>	Address	Type of Action	
MGR	PLACENSIA, BENITO	4791 PALMA DR	□ Add	
		KISSIMMEE, FL 34746	■ Remove	
			Change	
			□ Add	
			□ Remove	
			Change	
			□ Add	
			☐ Remove	
			Change	
			□ Add	
			Remove	
			Change	
				
			Remove	
			DE N	
			□ Remove	

_			
_			
			
_			
_			
_			
_			
_			
-			
_			
_			
_			_
_			
_			<u></u>
_			
_			
F-6041	o data if other than the data of Glical 04/15/2016 (ontional	IN.	
(If an effe	ve date, if other than the date of filing: (optional cutive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	ig.) Pursuant to	605.0207 (3
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date nt's effective date on the Department of State's records.	e will not be i	iisted as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	. on the ea	rlier of:
o) The	90th day after the record is filed.		
	04/18 , 2016.		
	1)4 ()X 2016		<u></u>
Dated _			
Dated _	Maria II Die		
Dated _	2016 Signature of a member or authorized representative of a member	E. (5)	APR.20
Dated _	Signature of a member or authorized representative of a member GLORIA M. OTERO DIAZ	<u></u>	79 20 20

Page 3 of 3

Filing Fee: \$25.00