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2016 APR 21 AM II: 21

K.SALY EXAMINER APR 22

# **COVER LETTER**

Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Fermoile Name of Person
Mel Sells CCC Firm/Company
8600 MM 25t CT
Sunrise, Fa 33322  City/State and Zip Code
E-mail address: (to be used for future almual report notification)
For further information concerning this matter, please call:
Melissa Fermoile at (984) Lle3-Melle Name of Person at (984) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \) \( \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \)

## 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

ARTIC	LES OF ORGANIZATION FILES
Mel Sells (Name of the Limited L	LES OF ORGANIZATION OF  2016 APR 21  AM 11:  A LI AHASSEE. FORID.  Ity Company were filed on 228 Le  and assigned
The Articles of Organization for this Limited Liabi	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	IDDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
-	Cin: Zin 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 = N $AMBR = A$	Лападег Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mclissa Fermoile	8400 NW 25 CT	Add
	•	8400 NW 25t CT Sunrise, FL 33322	☐ Remove
			Add
			☐ Remove
			Change
			TALLAHAS Remove
			APPR Zernove Remove 21
			PHAdd
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an effe lote:	ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	207 (3 as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
ated	4-18,2010	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00