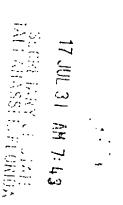
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COVER LETTER

10:	•				
CHRIC	FOUR8785	3 LLC			
30000	C1	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	etum all correspo	endence concerning this matter	to the following:		
		STEVEN JOSEPH			
			Name of Person		
			Firm/Company		
		15819 NW 11TH ST			
		· · ·	Address		
Division of Corporations FOUR87853 LLC SUBJECT: Name of L Name of L Name of L Name of L STEVEN JOSEPH 15819 NW 11TH ST PEMBROKE PINES, F sjoseph2233@gmail.com	33028	İ			
		siosenh2233@gmail.com	City/State and Zip Co	ide	· · · · · · · · · · · · · · · · · · ·
			to be used for future ann	 ual report notifica 	ation)
For furt	her information c	oncerning this matter, please ca	all:	:	
STEVEN JOSEPH		786	444-9693		
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:			
\$ \$25	.00 Filing Fee		□ \$55.00 Filing F Certified Copy (additional copy is	! !	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ration Section on of Corporations ox 6327	Regis Divis Cliftd 2661	EET/COURIER tration Section ion of Corporati in Building Executive Cente hassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUR87853 LLC

(Name of the Limited	Liability Compan Florida Limited L	y as it i ability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liab	oility Company v	were fi	filed on 03/04/2016 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	ity co	impany here:	
A2C LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Com	npany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			É FLAGLER ST	
Principal office address MUST BE A STREET		#219)	
	pamend the following: the new name of the limited liability company here: the and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." the and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." the and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." the and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." #219 MIAMI, FL 33131 #219 MIAMI, FL 33131 red agent and/or registered office address on our records, enter the name of the new extregistered office address here: #219 #219 MIAMI, FL 33131 Fred agent and/or registered office address on our records, enter the name of the new extregistered office address here: #219 #219 #219 MIAMI, FL 33131 Fred Agent: #219 #219 #219 #219 #219 #219 #219 #220 #230 #230 #230 #230 #240 #250 #250 #260 #270 #			
			1	
Enter new mailing address, if applicable:		199 E	E FLAGLER ST	
Mailing address MAY BE A POST OFFICE BO	0X)	#219	9	
		MIA	MI, FL 33131	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	ce address here	:	ddress on our records, enter the name of the ne	<u>N</u>
Now Registered Office Address	15819 NW 11TI	H ST		
	MIAMI, FL 33131 registered agent and/or registered office address on our records, enter: the name of the new or the new registered office address here: WREGISTERIES STEVEN JOSEPH Ted Office Address: Enter Florida street address Florida 33028 F			
New Registered Agent's Signature, if changing Re	gistered Agent:		ψ Zφ Code	
provisions of all statutes relative to the proper	and complete pered agent as pegistered office of a contract of the contract of	perfor rovide	rmance of my duties, and I am familiar with and ed for in Chapter 605, F.S. Or, if this document is	*

Page 1 of 3

banging 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 **Type of Action Title** <u>Address</u> <u>Name</u> 15819 NW 11TH ST STEVEN JOSEPH RA_□ Add PEMBROKE PINES, FL 33028 ☐ Remove ■ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the I	e date of filing: st be specific and cannot be prior to date of filing lock does not meet the applicable statutory experiment of State's records.	or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.0207 listed as
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective date, but not an effective date.	ve time, at 12:01 a.m. on the ea	rlier of
ated	2017		
•	Doed -	arliva a Co municipa	
	Signature of a member or authorized representa	anve of a member	
STEVEN JOSEPH	Signalare of a member or authorized representa	arve of a member	

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Filing Fee: \$25.00