# LICOUNGS27

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## **COVER LETTER**

Ψ,

TO: Registration Section 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:
LIAWATTE LAZARD  Name of Person
MINKED DUT, LLC Firm/Company
1121 S. MILITARY TRL # 107
DEERFIELD BEACH, FL, 331442 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number:
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

### **MAILING ADDRESS:**

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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 Limite	d Liability Company	as it now appears on our reco	rds.)	
The Articles of Organization for this Limited Liz Florida document number	ability Company we	• •	7,16	<sup>2</sup> and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:	_	
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation "LI	C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREE)	<u>r ADDRESS)</u> -		- <del> </del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  ———————————————————————————————————				
			STATE	27
B. If amending the registered agent and/or the new registered off	_	e address on our recor	ds, <u>enter th</u>	e name of the new
Name of New Registered Agent:  New Registered Office Address:	LIAD 1121 5	MILTARI  Enter Florida street addr	ARD y Tri	#107
	DERF	= 0 =0=1	Florida	33442 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 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□ Add
		•	☐ Remove
			Change
			Add
			☐ Remove
			Change
<u></u>		· ·	
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			SECRETARY RANGE
			Remove
			C Charge
			□ Remove
			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, i	f necess	ary.).		••
,	RESOLUTION REQUESTING				
	LILAWATIF LAZARD TO BE LIST.	ED	A.	S	
	AUTHORIZED + GRENO(S)				
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E. Effec	ctive date, if other than the date of filing:	(option	al		
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days: If the date inserted in this block does not meet the applicable statutory filing requiremen	s affeivfil ts, this d	ing.) Pur ate will	suant to 605.0. not be listed	207 (3)(b) I as the
docu	ment's effective date on the Department of State's records.				
If the re	ecord specifies a delayed effective date, but not an effective time, at 12 e 90th day after the record is filed.	:01 a.r	n. on	the earlier	of:
•					
Date	MARCH 11, 2016		_	_J	
	Signature of a member or authorized representative of a member	•		<del></del>	
	LILAWATIE LARABOL			<del></del>	
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00