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Special Instructions to	Filing Officer:	





10/24/16--01046--021 **60.00

OCT 2 6 2016

S. YOUNG

COVER LETTER

TO: Régistratión Se Division of Cor				
SUBJECT: — ——————————————————————————————————		SORY LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ventu	Name of Person		TALL.
	10000	Firm/Company	11 811	S A
	1780 43	Address	SW	LLANKSSEET FURNER
<i>;</i>	NA9LE	5 Fl. 34116 City/State and Zip Code	•,,	f: +5
	/mmjaratie E-mail address: (on by reyna exm to be used for future annual report notifi	aj'l. com.	
For further information of	oncerning this matter, please ca	all:		
Ven tura Name o	<i>Flores</i> f Person	at (J3G) J89 Area Code Daytime	- 6031 Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing 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

	ORY (LC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears (ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>∠16000046 561</u> .	were filed on	0 - 10 - 2015 and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the des	ignation "LLC" or the abbreviation	n "Luc" Arto
Enter new principal offices address, if applicable:			<u>鸟 鹀</u>
(Principal office address MUST BE A STREET ADDRESS)			2 8 2 A
			- mg
Enter new mailing address, if applicable:			TLORIES AND
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter the na	me of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	City	Zip C	Tode
New Registered Agent's Signature, if changing Registered Agent:			
		1. 1.0 .1	T 1.7.7

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Reinaldo Suayero	17021 Lockhart Dr	Add
		Naples, Fl. 34114	□ Remove
			Change
			
			Remove ACC
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effe	ve date, if other than the date of filing:	o 605.0207 e listed as	(3)(the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of	f:
Dated .	10/10/2016 Martin Inal		
		_	
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00