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(Req	uestor's Name)
(Addı	ess)	
(Adda	ress)	
(City/	State/Zip/Phor	ne #)
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TALLAMASSEE, FLOODA

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MALAMASSEE, FLOODA

MALAMASSEE, FLOODA



JUN 03 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			÷
SUBJECT:	Yolaih Name of Lim	e LL C 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:	
	<u> </u>	Name of Person	
		Firm/Company	
	26951 (otton Keylane	5 3
	Wesley C	City/State and Zip Code Coeller Q yahoo, con to be used for future annual report notif	44 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	<u> </u>	to be used for future annual report notif	ication)
For further information c	concerning this matter, please c		
<u> Volaine</u> Name o	Groeller of Person	at (<u>&13</u>) <u>&3</u> Area Code Daytime	8-3840 Telephone Number
Enclosed is a check for t	<u>-</u>		
\$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)
	ING A PROPERTY	000000000000000000000000000000000000000	

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**

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.)
	ompany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u>(222)</u>
	<u> </u>
	$\omega = 0$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	73-
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	,

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 = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** Yolaine Boisin Groeller 26951 Cotton Key lane Wesley Chapel, FL 33544 HGB _□ Remove ☐ Change □ Add □ Remove ᇙ □ Adğ □ Remove □ Chánge □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ ∧dd □ Remove _□ Change

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fective date, if other than in effective date is listed, the date ote: If the date inserted in thi cument's effective date on th	must be specific and cann s block does not meet t	he applicable statut	iling or more than 90 days	optional) s after filing.) Pursuant to 605 s, this date will not be liste	5.020° ed as
record specifies a dela The 90th day after the	yed effective date, record is filed.	but not an effe	ective time, at 12:	01 a.m. on the earlie	er o
ted May 27	2	20/6.	1 1		
	A. la.	$\mathcal Q = \mathcal M = \mathcal M$	// /.		
	Signature of a memb	B <u> </u>	esentative of a member		

Page 3 of 3

Filing Fee: \$25.00