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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
ALLAHASSEF FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	D. LEGS (NG LLC Liability Company			
The enclosed Articles of Amendment	and fee(s) are submitte	ed for filing.			
Please return all correspondence conc	erning this matter to th	e following:			
	1ailene	Signa Var	79Ul7	-	
	JDLec	GSING LIC Firm/Company		-	
	15149 5	SW SA St . Address		SECRETA TALLAHA	F
	110Mi F	ity/State and Zip Code	<u></u>	IO PN 1: 29 OF STATE SSEE, FLORIDA	
	E-mail address: (to be	used for future annual report notific	cation)	ATE ATE)
For further information concerning th	is matter, please call:				
Mane of Person	À	at (780) 280 - Area Code Daytime	2890 Telephone Number	r	
Enclosed is a check for the following	amount:				
) Filing Fee & Cificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

	<u>. Rasir</u>	NG LI			
(<u>Name of the Limited Liab</u> (A Flor	ility Company ida Limited Liab	as it now app pility Compan	<u>ears on our records.</u>) y)		
The Articles of Organization for this Limited Liability Florida document number L \ \(\omega \corr \co	 mited liabilit	y company	<u>here</u> :	SECRETARY OF STATE AHASSEE, FLORIDA	FILED
-	inited Liability	Company, in	l committee	. I I	L.C.
Enter new principal offices address, if applicable:	-	<u> 1.リ.</u>	LEUSITY	166	
(<u>Principal office address MUST BE A STREET ADI</u>		15140	1 SN 391	<u>St.</u>	
	• -	MICIM	11 + 1 3	3195	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -	J.D 15140 Mich	Leasing 1 SW 50 Mi Fl	9 LLC 1 St. 33A3	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	•	e address	on our records,	enter the name	of the new
Name of New Registered Agent:	Marl	202	Sierra	Vazque.	<u>Z</u>
New Registered Office Address:	15149	SN	S9 St.		<u> </u>
		,	Florida street address	2010	· 2-
	MICH	City	, Flori	ida 33 (C Zip Code	10.

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 = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Javier Dominguez	Javier Dominguez	Add
		8829 Valencia Oaks C	Remove
		DIANCO FL 32825	Change
MGR.	mariene Sierra Vaz	guez Mariene Sierra	10729ULZ @Add
		15149 SN 59 St.	□ Remove
		Miami Fl 33193.	Change
			□ Remove
			Change
		TALL	Add
			E T C C C C C C C C C C C C C C C C C C
		liic To	Change
		RIDA	: 29dd Add
			□ Remove
			Change
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			☐ Change

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	ASSET DE
	THE REPORT OF TH
(If an et Note:	tive date, if other than the date of filing: DS DS (optional)
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on each day after the record is filed.
Dated	1-AUGUST 5, 2016.
	Signature of a member or authorized representative of a member
	Mailene Sierra Vazquez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00