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> D. ERUCE OCT 25 2016

## **COVER LETTER**

Division of Cor			
SUBJECT:	Name of Limi	Copers LK ted Liability Company	
		V	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Katherine	Name of Person	
	K4N DI	OUD COORS L	40
	1137 NE	13 Aug	<del></del>
	Ft Lauce	City/State and Zip Code	3304
	E-mail address: (t	o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	dl:	
Mame o	no Biscardi f Person	at ( <u>705)</u> <u>790</u> Area Code Daytimo	5 2 8 de Telephone Number
Enclosed is a check for the	ne following amount:		ZING OCT
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Gropy To (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

## TO ARTICLES OF ORGANIZATION

14/1/6/101	JON 5 14	our records		
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	i vai recutus.)		
Articles of Organization for this Limited Liability Compar	ny were filed on		and as	signed
rida document number <u>L 16 0000/65/650</u> .				•
True document number				
s amendment is submitted to amend the following:				
If amending name, enter the new name of the limited lis	ability company here:			
	•			
new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	nation "LLC" or th	ne abbreviation "L	L.C."
ter new principal offices address, if applicable:				
incipal office address MUST BE A STREET ADDRESS)				
William College Colleg				·,·,·
		· · · · · · · · · · · · · · · · · · ·		
ter new mailing address, if applicable:				
ailing address MAY BE A POST OFFICE BOX)	<del></del>			<del></del>
<b>7</b>			4 46	- <b>6</b> 41
If amending the registered agent and/or registered gistered agent and/or the new registered office address he		ır recoras, <u>en</u>	ter the name	or the
	<u></u> -		2016 SEC	
Name of Name Bankston & Associa				114
Name of New Registered Agent:			21 ASS	
New Registered Office Address:	A M		28 Y	- <del>[7]</del>
	Enter Florida s	street address	T T	L
		, Florida		
	City		Zip Code	
w Registered Agent's Signature, if changing Registered Agen			_	

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

· -. . . . .

or remove	d from our records:		
MGR = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Annette Hudradez	315 Burntmeadow Rd Gardiner Ny 12525	
1		Cardiner My 12525	Remove
			□ Change
Mar	Natasha Bigcardi	1137 NE 13 Auc	# Add
1		4 Jand F 33304	☐ Remove
			☐ Change
			🗅 Add
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			□ Add
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☐ Change

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		SEC	2
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ectiv	ve date, if other than the date of filing:(optional)	ASSI SSS	<b>~</b> 3
n effec te: I	ctive date, if other than the date of filing:(optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date	.) Pursua	nt to 605.02 t be listed
cume	nt's effective date on the Department of State's records.	STA ATS	Ÿ
		NO A	0
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the	e earlier
ted _	10/11, 20/6		
	Pattionee / Terrords		
	Signature of a member or authorized representative of a member		<u></u>
		•	

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Filing Fee: \$25.00