1600006010

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #	(†)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Name	9)
(Di	ocument Number)	
Certified Copies	Certificates o	of Status
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17 JUN 29 PN 2: 08

S. WARREN 'JUN 3 0 2017

COVER LETTER

SUBJECT: Exhaust l			
	Name of Lim	sited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Suzie M Braverman		
	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filling. arn all correspondence concerning this matter to the following: Suzie M Braverman Name of Person Firm/Company 169 Springwood Circle, Apt B Address Lungwood, FL 32750 City/State and Zip Code suziemariel@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:		
		Warn Common or	
	169 Springwood Circle, A	pt B	
		Address	
	Longwood, FL 32750		
		City/State and Zip Code	
	=		
	E-mail address: (to be used for future annual report not	rication)
For further information	concerning this matter, please c	all:	
Suzie M Braverman			
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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>Name of the Lim</u>	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .nability Company)		
he Articles of Organization for this Limited I lorida document number $\frac{L16000066710}{L16000066710}$	Liability Company	were filed on 04/04/2016	and assigned	
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
nter new principal offices address, if applicable:		169 Springwood Circle		
Principal office address MUST BE A STRE.	ET ADDRESS)	Apartment B		
		Longwood, FL 32750		
nter new mailing address, if applicable:		169 Springwood Circle		
Mailing address MAY BE A POST OFFICE BOX)		Apartment B		
		Longwood, FL 32750		
		<u>e</u> :	nter the name of the	
egistered agent and/or the new registered of New Registered Agent:	Suzie M Braver	<u>e</u> :	nter the name of the	
egistered agent and/or the new registered o	Suzie M Braver	e: rman	nter the name of the	
	Suzie M Braver	e: rman d Circle Apartment B Enter Florida street address	nter the name of the	

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 definent 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	April M Marquez	1201 NW 192nd Lane, Pembroke I	
			Change
MGR	Suzie M Braverman	169 Springwood Circle Apartment	🖨 Add
			□ Remove
			☐ Change
		·	
			□ Remove
			Change
			Remove
			Change
			D <u>Ad</u> d
			29 Change
			H 2: #7
			Remove
			□ Change

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lote: If the date inserted in ocument's effective date of the record specifies a d	date must be specific and a this block does not a not the Department of States and the Department of States and the Department of States and Depar	d cannot be prior to date of filin meet the applicable statutor State's records. date, but not an effec	y filing requirements, th	er filing.) Pursuant t iis date will not b	e listed a
The 90th day after th	ne record is filed.				
ated June 21		. 2017			
				<u></u> –	
	Signature of a	member or authorized represe	ntative of a member		<u>. </u>
Suzie M Braveri	man			JUN 29	
		Typed or printed name of sig	nec	<u> </u>	- 1
				# 2: F(0)	7.7
		Page 3 of 3			

Filing Fee: \$25.00