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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: <u>GEY</u>	SOV 4 1958 Name of Limit	LLC ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	<u>Casav</u>	Name of Person	<u>.</u> .
		rum/Company	
	10730 NW, 6	66 st # 114	·.
	Dord,	Fl 33178 City/State and Zip Code Sory D hotm D be used for future annual report	3
-	E-mail address: (to	be used for future annual report	ail com notification)
For further information conc	cerning this matter, please cal		
Casanas Name of Pe	Zocay.	at ( <u>†86</u> ) <u>6 8</u> Area Code Day	209112. ytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

(Name of the Limited Liability Company as it now appears on our records.)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on Offoffzoi6 and	d assigned
Florida document number <u>L 16 0000 68 953</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here:	me of the new
	16 16
Name of New Registered Agent:	000
New Registered Office Address:	t man
Enter Florida street address . Florida	7
City Fibrida Sip C	
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
AHBR	Casanas, Zoraya		🗆 Add
			Remove
			Change
AMBIR	Auizzi, Gerardo D.		
	· ·		t Remove
			Change
MGR	Cascnas , Zoraya	10730 Dw 66st #114, and F/33	178 Add
			Remove
			Change
HGR	Gerardo J. Huizzi		□ Add
			_ ☐ Remove
			□ Change
HGR	Huissi, Carolina	10730 Nov 665t #114, Doral, F/331=	Add
			□ Remove
			Change
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<u>lote:</u> If th	late, if other the date is listed, the dedate inserted in effective date or	this block does	s not meet the	applicable stat	filing or more tha utory filing requ	(option 90 days after firements, this	<b>nal)</b> iling.) Pursua date will no	ant to 605 of be list
	specifies a do th day after th			ut not an ef	fective time,	at 12:01 a.	m. on th	e earli
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Filing Fee: \$25.00