# 116000069676

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Olga De los Santos, Esq. Name of Person
Firm/Company
1300 Bricker Arence  Address  Mann Fla 33131  City/State and Zin Code
Address
Miami, Fla 33131
. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  351-1000
$O(\gamma A)$ at $(305)$ <b>CONTRACTION</b>
Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \Certificate of Status \\ \text{Certified Copy (additional copy is enclosed)} \Bigcup \

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 Compan (A Florida Limited Li	ter LLC.  ny as it now appears on our records.)		
(A Florida Limited Li	iability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>ししり000 69676</u> .	were filed on 4 116	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil			
The new name must be distinguishable and contain the words "Limited Liabili	~ / / · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:	I		
(Principal office address MUST BE A STREET ADDRESS)	NV		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	N	<b>17</b>	
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		he name of the nev	<b>—</b>
B. If amending the registered agent and/or registered off	fice address on our records, enter th	he name of the ner	w
registered agent and/or the new registered office address here		[ ] 全 [ ]	Ï,
		AH III	المدود المدود
Name of New Registered Agent:	<b>1</b> \sqrt	<u> </u>	
rante of New Registered Agent.	-N	<del></del>	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	

#### 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00