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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number)- | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



04/26/16--01016--012 **25.00



APR 2 6 2016

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COVER LETTER

ТО: " **Registration Section Division of Corporations** ERVICES LLC SUBJECT. Name of Limited Liability

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>786)</u> 3 Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

_ \$25.00 Filing Fee

_ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 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 | | | | | |
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| ARTICLES OF C | DRGANIZATION | | | | |
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| | • • • • • • | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1600070714</u> . | were filed on <u>ApR</u> | $\frac{1}{1}$ $\frac{1}{2016}$ and assigned | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | | | | |
| • • | ······································ | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
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| Enter new mailing address, if applicable: | | · | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| THERE WERE AND AND A DESTAL OF A CHARGE POIL | | | | | |
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| B. If amending the registered agent and/or registered of | ffice address on our re | cords, enter the name of the new | | | |
| registered agent and/or the new registered office address her | | | | | |
| | | | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| | | | | | |
| New Registered Office Address: | P | | | | |
| 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.

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| If Changing Registered Agent, Signate | ure of New Regist | erred Ag | ent |
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| Page 1 of 3 | | υ | |
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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

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| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------|---------------------------------|--------------------------------|
| MCBR | Alexis OTANO | 14201 SW161 PL Miani 7 33/90 | Add |
| | | | Remove |
| | | | Change |
| MCGR | DARLEN OTANO | 14201 SW 161 PL Miani 7 3396 | Add |
| | | | Remove |
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| | | Page 2 of 3 | 100 100 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• the company are of)WNERS _____ SW ace. (33 96 OTa _____ nl ace GI 22 E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

201 h 4-13 Dated Signature of a member or authorized representative of a member Darlen Tan0 5 Typed or printed name of signee Vea Page 3 of 3 ω Filing Fee: \$25.00 U N