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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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FILED

16 OCT 17 PN 2:58
SECREMARY OF STATE
NOT THE SECREMAN OF STATE

D. SCOTT 0CT 17 2016

COVER LETTER

. Division of Corporations	
SUBJECT: EALELA FRICA LLC 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:	
JERRY NAISCETT BURSSET	
Firm/Company	
477 Coptland DR	
DAVENBRT FL 38837 City/State and Zip Code	16
beassem Gamail Com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	7 PR
JERRY NOISBOT BEDS 8850 at (405) 746 918) Name of Person Name of Person Area Code Daytime Telephone Number	2:58
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee	Status & y

MAILING ADDRESS:

TO:

Registration Section

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

150ADILL AFDIG 110

(Name of the Limited Liability	Company as it now appears on mited Liability Company)	our records.)
		000000011
The Articles of Organization for this Limited Liability Con	npany were filed on 6	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
		
Enter new mailing address, if applicable:	<u>,,</u>	500
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		15a1 - T
B. If amending the registered agent and/or register		r records, enter the name of the new
registered agent and/or the new registered office addre	<u>ss here</u> :	
		At the control of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	NGWAWILFRIED	MB TATE QUET	
	,	NB TATE QUET DLANDO FL 32828	Remove
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). If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	LEGIOTEL ASEINT NEW HURKES.	
•	JERRY NOISSETT BEASET	
	ON COLLAND BL	
	MAKENIOKI IT 2002	
(If an e Note	ive date, if other than the date of filing:	207 (3) as the
f the re b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Date	John He	
	ZA 5	
	Signature of a member or authorized representative of a member	ฤ
	LICH OBIENT BREET	= <u>.</u> Ti
	Typed or printed name of signee	J
	Page 3 of 3	

Filing Fee: \$25.00