# L16 000 0 91959

-	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies Certificates of Status			
Special Instructions	to Filing Officer:		

Office Use Only



100286937511

06/17/16--01014--006 \*\*30.00

16 JUN 17 AHII: 26

JUN 2 0 2016 Y SULKER

## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT:	lanhuren Li Name of Lim	ited Liability Company	<del>- 4</del>	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	J. Bro	ole Juanz Name of Person		
	Jeanh	Name of Person  UCN UC  Firm/Company		
	5413	Pine Bay Dr		
	Tampa	FL 33625 City/State and Zip Code	3	
٠, -	bnoke, Sug E-mail address: (		com	
For further information conc	erning this matter, please ca	all:		
Broke S	SUICZ rson	at ( <u>813</u> ) Area Code	HloS-229 Daytine Telepho	
Enclosed is a check for the fo	ollowing amount:			
\$25,00 Filling Pec	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl		\$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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q (*(· [ * · *(·	ren LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number   100009195	oility Company were filed on May 11 2014	and ass	signed
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET.)		abbreviation "L	.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	15	<del></del>
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente ce address here:	ar the name	of the new
Name of New Registered Agent:		F 5 IM	\$ 50 mm
New Registered Office Address:	Enter Florida street address		<del> </del>
	. 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 Title <u>Name</u> **Address Type of Action** J. Brooke Suarez 5413 Ane Buy ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Change □ Add ☐ Remove ☐ Change \_ Add

☐ Remove

☐ Change

						· <del></del>	<u></u>		
						· · · · · · · · · · · · · · · · · · ·			
			,						
								<del></del>	
						·		<del></del>	
							<del>- , ,</del>		
<u></u>									
								16	
						·	AHA AHA AHA	NUL	۲
<u></u>			-		•		JSSE Alik	17	,
				<u>.</u>			<u> </u>	Ī	į
					. <u>.</u>		STV4.	= 2	
Effective d	ate, if other than the	data of filin	a.			_ (optional)	() :>	ဓာ	
(If an effective Note: If the	e date is listed, the date mus e date inserted in this blo effective date on the Do	t be specific and ock does not a	d cannot be prio meet the appli	cable statutory	g or more than 90 d filing requireme	ays after filing.	) Pursuant will not b	to 605.0 se listed	0207 d as
	specifies a delayed h day after the reco			ot an effect	ive time, at 1	2:01 a.m.	on the	earliei	r of
Dated	lune 16		. <u>2016</u>	,					
-	· · · · · · · · · · · · · · · · · · ·	~	<i>#/</i>	<del>,</del>	tative of a member				

Page 3 of 3

Filing Fee: \$25.00