## L16000093175

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(Ad	dress)	
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## COVER LETTER

TO: Registration Sec Division of Corp		e <sup>n</sup> ————————————————————————————————————	
SUBJECT: MD	dèle Ch	iĠ	
50 <b>3</b> 02011	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Venise	Name of Person	
		Nume of Ferson	
	1	Firm/Company	
	64 WJ	Dayton ara	<u>l</u>
	Fort La	iderdale F	1 33312
	:00 - d - d - d	City/State and Zip Code	v
	E-mail address: (	to be used for further annual report notific	cation)
For further information co	oncerning this matter, please or		,
Venise (	Dwens	at 954 682	5918
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		2018 TALL
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(,	(additional copy is enclosed)
	NG ADDRESS:	STREET/COURIE	R ADDRESS ₩ ₩
	ation Section of Corporations	Registration Section Division of Corpora	
P.O. Bo Tallahas	x 6327 ssee, FL 32314	Clifton Building 2661 Executive Cen	ter Circle
		Tallahassee, FL 323	01

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 5 12 16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	•
The new name must be distinguishable and contain the words "Limited Liab  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	649 W Dayton archive Tree Louderdole 17, 333/2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	649 W Dayton Circle FORT Lauderoble Fe, 3331
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> <u>re</u> :
Name of New Registered Agent:  New Registered Office Address:  TOLT	W Douton Circle 5  Enter Florida street address  Lauderdale, Florida  Zipcode
New Registered Agent's Signature, if changing Registered Agent	ORICE 3
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

In 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>	<u>Name</u>	Address	Type of Action
M6R	<u>Venise</u> Owens	649 W Dayton Circle	<b>\</b> Add
		Lo49 W Dayton Circle Fort Lauderdale F2333	<b>₽</b> □ Remove
			Change
<del></del>			🗆 Add
			Remove
			Change
			□ Remove
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	<del></del>		□ Add
			□ Remove
			Change
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		PALLAR AR	Remove
		ASSEE, P	Change
<del></del>	<del></del>	OF ETATE	_B Add G
		<u> </u>	Remove
			Change

' If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(If an et Note:	tive date, if other than the date of filing: 23/20/2 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	August 93, 2016.  Signature of a member or authorized representative of a member 55
	Venise Owens
	Page 3 of 3

Filing Fee: \$25.00