(Requestor's Name)	
(Address)	00029193
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/07/1601923
(Business Entity Name)	11/0//10 01010
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	TALLA
	ALLAHASSÉE.
	FLOR
	IDA

Office Use Only



36530

3--004 **30.00

SECRETARY OF STATE 2016 NOV -7 P U: 35 FILED

D. BRUCE MON 0 8 5018

COVER LETTER

suвјест: <u>C0 l0</u>	CORPORATION Name of Lim	Of Lalle AND LLL ited Liability Company	<u>- </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Alexan	DER Rodriguez Name of Person	<u>- </u>
•	Coro cosp	PONation of Lalla Firm/Company	iland UL
	221 tZAi	View WAY Address	······································
	Polk eity	T/ 33868 City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	ication)
For further information con	ncerning this matter, please ca		
Alexanden Name of	Rodniguez Person		HASSER OF STATE TO HE 3
Enclosed is a check for the	following amount:		35 NDA
□ \$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

TO:

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

TO ARTICLES OF ORGANIZATION OF

COLO (ORDOVA LON (Name of the Limited Liabilia (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)		-	
The Articles of Organization for this Limited Liability Corida document number <u>L 16000956</u>		05/16/2	2016	and a	ıssigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability company h	ere:				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the c	lesignation "LLC"	or the ab	breviation '	L.L.C."	
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDR	RESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ı our records,	enter	the nam	e of the n	<u>ev</u>
Name of New Registered Agent:			SECRE:	2016 NOV	-11	
New Registered Office Address:	Enter Flo.	rida street address	TO.	ط ۱- ۱	<u> </u>	
	City	, Flo	ri da STAT	₹ Z ip Cod		
New Registered Agent's Signature, if changing Registere	d Agent:		TO A	35		

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

or removed from our records:

MGR = Ma	nnager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Eenesto DANITO Ubrizale	8500 NW 8th at Apt 202 MIAMI F/ 33126.	□ Add
			Remove
			□ Change
	•		Add
		· 	Remove
			Change
			Add
	·		□ Remove
			Change
		SECRETA TALLAHAS	Add
		SEE, FI	D Change
	·	ORID A	₩ □ Add
			Remove
			☐ Change
			Add
			_□ Remove.

_ Change

•		
	•	
,		
-		
_		
_		
-		
-		
-	•	
_		
-		
-	Par S	
-	A T	•
-	SSR 1	
-		
-		
_		
(If an eff Note:	ive date, if other than the date of filing:(optional) (optional) (ective 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 605.020 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 90th day after the record is filed.	of:
Dated	10/31/16	
	Signature of a member or authorized representative of a member	
	Alexander Badiguez. Typed of printed name of signee	

Page 3 of 3

Filing Fee: \$25.00