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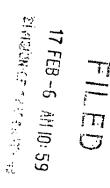
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Co	rporations		
JOHNY 10	6, LLC		
Sobsect.		nited Liability Company	
		Name of Person Firm/Company Address City/State and Zip Code See used for future annual report notification) Take at (
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AMBROGIO DELLA NA	VE	
		Name of Person	
	JOHNY 16, LLC		
		Firm/Company	
	1985 KEYSTONE BLVD		
		Address	***************************************
	NORTH MIAMI, FL 3318	31	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
AMBROGIO DELLA	NAVE		
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

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

JOHNY 16, LLC	,	
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L16000100731	bility Company were filed on 05/23/2016	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	2 H
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	6 AH 10 59
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>e</u> ice address here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	n de de
	. Florid	la
	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>	<u>Name</u>	Address	Type of Action
MGRM	CRISTIANO FAY	555 NE 15TH STREET	
		MIAMI, FL 33132	■ Remove
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			□ Add
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ffective date, if other an effective date is listed Note: If the date insert locument's effective date	the date must be specied in this block does	ific and cannot be s not meet the a	prior to date o	of filing or more tutory filing r	than 90 days a	ptional) fter filing.) F this date w	Pursuant to 605	5.020 ed a
e record specifies	a delayed effect er the record is f	ive date, bufiled.	it not an e	ffective tin	ne, at 12:0	1 a.m. or	n the earli	er o
The 90th day after		2017						
The 90th day after stated FEBRUARY IS	<u> </u>	$\frac{1}{\sqrt{2017}}$						

Page 3 of 3

Filing Fee: \$25.00