## 16000104308

(Requestor's Name)	_
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	_
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K.SALY EXMAINER

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: TO	P track Name of Limi	ted Liability Company	·
	,	,	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Heidy	Rodrigus Name of Person	29
	Union	Carrier	
	<u>505D</u> N	W 74 Lul Address	Ste 108
1 (2.0 ) (2.0 ) (3.0 ) (4.0 )	Unionearr E-mail address:	City/State and Zip Code  CENSERVIUS a to be used for future annual report notice	Donal -w
For further information co	ncerning this matter, please ca		
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Herby Ro	drigue Z	at (305) 392 Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
\$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)

Registration Section

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

2016	Sen.	LED
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<u>ls.</u> )	OCE. V	STATE
ł	•	OPIN.

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11474 SW 181 St
(Principal office address MUST BE A STREET ADDRESS	MIANI F1 33157
Room Carman	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11474 SW 181 St MIAMI, FI 33157
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 119	174 SW 181 ST Enter Florida street address
to the strong addition in the strong to the strong and the strong addition to the strong and the strong and the strong addition to the strong and the strong addition to the strong and the strong addition to	iaui, Florida 33157

## New Registered Agent's Signature, if changing Registered Agent:

43

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

Page 1 of 3

or removed from our records: MGR = Manager (Update Address) AMBR = Authorized Member **Type of Action** Title Name 1 11474 SW181 St MGR \_□ Add ☐ Remove Change, □ Add □ Remove Change □ Add □ Remove \_□ Change · □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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effective date is listed, the te: If the date inserted	than the date of filing: e date must be specific and cannot be prior to date in this block does not meet the applicable st on the Department of State's records.	of filing or more than 90 days after fil atutory filing requirements, this d	ing.) Pursuant to 605.02
	dalayad affactiva data, but not an	effective time, at 12:01 a.r	n. on the earlier
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record specifies a	Signature of a member or authorized r	3	· · · · · · · · ·

Filing Fee: \$25.00