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14105586265 From: CLS-FF Baltimore Fullfillment

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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**S Warren** AUG 1 8 2016

### **COVER LETTER**

TO:	Registration Sect Division of Corpo		·	
SUBJEC	CT:	211 HOMEST	ens ilc	
		Name of Lim	ited Liability Company	
The encl	losed Articles of A	mendment and fee(s) are sub	emitted for filing.	
		dence concerning this matter	·	
T TOTAL (	on contrapon		to the following.	
		JEAN	GUIL MOTO Name of Person	
			Name of Person	alikhikan in anang sa salatan sa Sarithianti kangnyajayan
		TETO MAN	JA-6-EMENT LL	
			Firm/Company	•
		1110 BRIC	KELL AVE ST	E 404
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		E-mail address:	to be used for future annual report notifi	ication)
For furth	er information cor	neerning this matter, please c		
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		following amount:	•	
□ \$25.	.00 Filing Fec	□ \$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 cuclosed)

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 Tallahussee, FL 32301

#### To: Page 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited )	ny as it now anneu. lability Company)	rs un our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	6/22/2016 2	nd assigned
Florida document number <u>L16000118012</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Linbil	ily Company." the d	lesignation "U.C" or the abbrevia	ion "L.JÇ."
Enter new principal offices address, if applicable:			F &
(Principal office address MUST BE A STREET ADDRESS)		7.7	
			TH.
		7.7	<u> </u>
Enter new mailing address, if applicable:			<b>?</b>
(Mailing address MAY BE A POST OFFICE BOX)		ēm.	٠
•		``	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the n	name of the new
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Floi	rida street addr <b>e</b> ss	
	, Florida		
	City	Zıp	Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of pravided for in C	'my duties, and I am familia Thapter 605, F.S. Or, if this	ar with and document is
II Char	ging Registered Ap	ent, Signature of New Registere	d Apent

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	Name	Address	Type of Action
AMBR	BLACKROSE PARTNERS LLL	110 BRICKELL AVE STEGE	Add
		MIAMI, FL 33131	Remove
			D Change
			D Add
			□ Remove
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