# 116000127913

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: UNDERFULC (ABEL LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GROCAR OF FIGUEROA.
l'arm/Company.
229 NE 32ND St. APT #8
City/State and Zip Code  City/State and Zip Code
E-mail address: (to/be fused for future annual report notification)
For further information concerning this matter, please call:
Ciancarlo Figueroa at 786 7402340 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$  \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\ \text{Certified Copy (additional copy is enclosed)}\$\$

### 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

1	Or
Underfull Lah	sel. LLC.
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L/6000127943}{L}$	ny were filed on 07/06/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	28 E
(Mailing address MAY BE A POST OFFICE BOX)	19 p D
	6: N
	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
registered agent areasy the new registered since address no	<u></u>
Name of New Registered Agent:	·
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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fan effective <u>Note:</u> If th	late, if other the date is listed, the date inserted in seffective date of	date must be sp	ecific and coes not me	annot be pri	or to date o licable stat	utory filing	re than 90 day requiremen	ts, this da	ig.) Pursuant to	605,0207 listed as
	specifies a d th day after t			ite, but r	not an el	fective ti	me, at 12	:01 a.m	. on the ea	arlier of
Dated	031/51	20/8	·		<del></del> ·	11	<b>⇒</b>			
				/ /			~			

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Typed or printed name of signee

Filing Fee: \$25.00