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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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PAGE 02

COVER LETTER

TO: Registration Section Division of Corporations

10/13/2016 10:16

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

addition to be used for future annual report notific

For further information concerning this matter, please call:

Daytime Telephone Number

Enclosed is a check for the following amount:

2 \$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)

MAJLING 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

1556

407-298-2125

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PAGE 03

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on _iC)-10-16 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	IG:
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	5 Pa
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent: Jezel Diaram	
	ida street address
OC lando City	, Florida 378 7
New Registered Agent's Signature if changing Designatored 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.

Page I of 3

ut, Signature of New Registered Agent

or removed in	OH OH ACE	7 <u>4 A5</u> .		•
MGR = Mai AMBR = Aut	nager horized Me	ember	,	
Title	<u>Name</u>		Address	Type of Action
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			Orlando, FL 32817	☐ Remove
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E. Effect	ive date, if other fective date is listed, t	than the date of filing: 10-10-2014 (optional) he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	5.0207 (3	B)(b)
NOIC:	If the date inserted	in this block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records.	ted as th	10
(b) The	cord specifies a 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlithe record is filed.	er of:	,
Dated	october	10 , 2016		
		14/10/		
•	•	Signature of a dicinder of authorized representative of a niember		
		Sholman Harrison		
		Typed or primed name of signer		
		Page 3 of 3		
		Filing Fee: \$25.00		

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