## LUCOOI30261

Office Use Only



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SECRETARY OF STATE

O BRUCE DEC 28 2016

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Code
	BOCA RATON	, Florida _	33428
New Registered Office Address.	Enter F	lorida street address	
New Registered Office Address:	22511 SW 66TH AVE APT 40	9	
Name of New Registered Agent:	NHORWY HERRERA	10.20	
		on our records, <u>ente</u>	er the name of the ne
If amonding the registered executions	Non-moriatored office address	on our records ante	> -
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Mailing address MAY BE A POST OFFICE	<u> </u>		
nter new mailing address, if applicable:	-,,,,,,,		m-< w
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Principal office address MUST BE A STRE	ET ADDRESS)		<b>芝</b> の <b>2</b>
nter new principal offices address, if appli	cable:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:			
		lowing.	
	· · ·		
he Articles of Organization for this Limited I	Liability Company were filed on _	JULY 11, 2016	and assigned
	(A Florida Limited Liability Company	)	
(Name of the Lim	ited Liability Company as it now appe	ars on our records.)	<del></del>

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
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ective date, if other than the da	ite of filing:	(optional) 🥕 🗀	•
	does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to ry filing requirements, this date will not be	
record specifies a delayed e he 90th day after the record	ffective date, but not an effective date, but not an effect is filed.	ctive time, at 12:01 a.m. on the ea	rlier o
edDECEMBER 19	2016		
21		•	

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Typed or printed name of signee

Filing Fee: \$25.00