# 116000135169

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| (F                                    | Requestor's Name)       |        |
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| PICK-UP                               | ☐ WAIT                  | MAIL   |
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|                                       | Business Entity Name)   |        |
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| Certified Copies                      | Certificates of         | Status |
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| Special Instructions                  | to Filing Officer:      |        |
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EFFECTIVE DATE

APR 2 0 2017 S. YOUNG SECRETARY OF STATE TALLIAHASSEE, TLORIDA

### **COVER LETTER**.

|                    | gistration Se<br>vision of Cor |  | <b>5.</b>                              |                |                     |                                |                   |
|--------------------|--------------------------------|--|--|----------------|---------------------|--------------------------------|-------------------|
|                    |                                | ASSOCIATES LLC                               | •                                      | •              |                     |                                |                   |
| SUBJECT:           |                                | Name, of Lim                                 | sited Liability Company                |                |                     | •                              |                   |
|                    |                                |  | ,                                      |                |                     |                                |                   |
| The enclosed       | d Articles of.                 | Amendment and fee(s) are sub                 | mitted for filing.                     |                |                     |                                |                   |
| Please return      | all correspo                   | ndence concerning this matter                | to the following:                      |                |                     |                                |                   |
|                    |                                | GEORGE WILLIAMS                              |  |                |                     |                                |                   |
| •                  |                                |  | Name-of-Person                         |                |                     | _                              |                   |
|                    |                                | DJYW & ASSOCIATES                            |  |                |                     |                                |                   |
|                    |                                |  | Firm/Company                           |                |                     | _                              |                   |
|                    |                                | 2401 HANCOCK BRIDG                           | E PARKWAY,                             |                |                     |                                | <b>1</b> 5.       |
|                    |                                |  | Address                                |                |                     |                                | 1 53              |
|                    |                                | CAPE CORAL, FLORIDA                          | A 33990                                |                |                     | ু<br>:                         | 一部の               |
|                    |                                | GWILL2050@AOL.COM                            | City/State and Zip Code                |                | <u> </u>            | <del></del>                    | ALUAHASSEE FLORID |
|                    |                                | E-mail address: (                            | to be used for future annua            | report notific | ation)              |                                | ي بي              |
| For further in     | nformation co                  | oncerning this matter, please ca             | all:                                   |                |                     |                                | 5                 |
| GEORGE V           | VILLIAMS                       |  | 239 32<br>at (')                       | 21 9880        |                     |                                |                   |
|                    | Name of                        | ſ Person                                     | Area Code                              | Daytime 7      | elephone Numbe      | <del></del>                    |                   |
| Enclosed is:       | a check for th                 | e following amount:                          |  |                |                     |                                |                   |
| <b>■ \$25.00 I</b> |                                | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee<br>Certified Copy | •              |                     | ate of Status &                |                   |
|                    |                                |  | (additional copy is en                 | closed)        | Certifie (additions | d Copy<br>al copy is enclosed) |                   |
|                    | <b>.</b>                       |  |  |                |                     |                                |                   |
|                    | :MAIL                          | ING ADDRESS:                                 | STREE                                  | I/COURIE       | R ADDRESS:          | •                              |                   |

Registration-Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Com<br>(A Florida Limited   | pany as it now appears on our record Liability Company) | rds.)                            |
|--|---|----------------------------------|
| The Articles of Organization for this Limited Liability Companion Florida document number L16000135169                                 | ny were filed on  | and assigned                     |
| his amendment is submitted to amend the following:   |   |                                  |
| A. If amending name, enter the new name of the limited lia   | ability company here:                                   |                                  |
| he new name must be distinguishable and contain the words "Limited Lia   | •   | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | SAME  | 1 E                              |
| Principal office address MUST BE A STREET ADDRI  |   | 节 节                              |
|  | <u></u>   | 19                               |
| Enter new mailing address, if applicable:  |   | PH 3:                            |
| Mailing address MAY BE A POST OFFICE BOX)  | SAME  | E                                |
|  |   |                                  |
| <ol> <li>If amending the registered agent and/or registered<br/>egistered agent and/or the new registered office address he</li> </ol> |   | ds, <u>enter the name of the</u> |
| Name of New Registered Agent:  |   |                                  |
| New Registered Office Address:   |   |                                  |
|  | Enter Florida street addr                               | est                              |
| ·  |   | lorida                           |
|  | City  | Zip 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, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | Address                               | Type of Action       |
|--------------|------------------------|---------------------------------------|----------------------|
| AMBR'        | KAYRIN ULLOA DOMINGUEZ | 2401 HANCOCK BRITCH PRW               | <b>/</b> ■ Add       |
|              |                        | CAPE CORM, FL 3390                    | <b>♀</b> □ Remove    |
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| E. Effec                  | 04/20/2017 tive date, if other than the date of filing:  |                         |
| (If an ei<br><b>Note:</b> | ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.2 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records. | 0207 (3)(b)<br>d as the |
| If the re<br>(b) The      | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie<br>e 90th day after the record is filed.   | r of:                   |
| Dated                     | 4/17/  |                         |
| Dateu                     | Jadlyons   |                         |
|                           | Signature of a member or authorized representative of a member   |                         |
|                           | DELLA WILLIAMS   |                         |
|                           | Typed or printed name of signee  |                         |

Page 3 of 3

Filing Fee: \$25.00