# L16000135203

or's Name)
e/Zip/Phone #)
WAIT MAIL
Entity Name)
nt Number)
Certificates of Status
Officer:

Office Use Only



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# **COVER LETTER**

TO: Registration Sec Division of Corp		,			
SUBJECT://V	elys Refinis	hing Service ited Liability Company	s LLC		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	VINCE	CRUNIZZ PRO Name of Person			
		Firm/Company		a To:	
	15460 Pa	EMPANO PL.		T JAN	
	Perry.	FL. 32348	3	1 (S. %)	
(24) - 150 150 -	LIVELYS (E-mail address; (i	City/State and Zip Code  One of the Code  obe used for future annual report notifications.	cation)	PH 3: 01	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information co	ncerning this matter, please ca	all:		ţ	
VINCE CA Name of	Person	at ( <u><b>863</b></u> ) <u>40 9- 2</u> Area Code Daytime	2301 Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$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 Sta Certified Copy		

## MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 416000135263	were filed on July 19, 20/6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	poens LLC
Enter new principal offices address, if applicable:	15460 POMPANO PL
(Principal office address MUST BE A STREET ADDRESS)	Perry, FL 32398
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15460 Pompano PA SSIE FLOOR PCCIY, FL 32348 PE STATE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	: \-\
Name of New Registered Agent:	CE CANNIZZARO
New Registered Office Address: 1548	Enter Florida street address
Perr	7, Florida32348
New Registered Agent's Signature, if changing Registered Agent	<u> </u>

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 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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
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Dated January II., 2817.  Signature of a member or authorized representative of a member			r of
Signature of a member or authorized representative of a member	Dated	January 11. 2017.	
Maria P		Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00