## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIG

FILIMARY, LLC

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Page Count	03
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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILIMARY, LLC		
(Name of the Limited Liability Cor (A Florida Limit	onany as it now appears on our records ed Liability Company)	5.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>08/0/16</u>	and assigned
Florida document number L16000142417		
This amendment is submitted to amond the following:		
A. If amending name, enter the new name of the limited l	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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		- Sys - Sys - C
		The I
	,	FEST D
Enter new mailing address, if applicable:		ORA -
Mailing address MAY BE A POST OFFICE BOX)		, Sin . F
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address i	onice address on our records	, enter the name of the
	•	
Name of New Registered Agent:		
New Registered Office Address:		
4 no 4 3 3004 30 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	Enter Florida street address	3
		orida
	Cin	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MARY HERDOCIA	19966 SW 130TH AVE	<b>@</b> Add
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If t ment	date, if other than the date of filing:  or date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affine date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records.  d specifies a delayed effective date, but not an effective time, at 12:01 bith day after the record is filed.	his date will not be li	isted
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Filing Fee: \$25.00