L16000148072

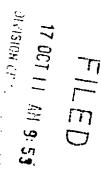
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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O SIMMONS **OCT** 16 2017

COVER LETTER

Division of Corporations
SUBJECT: CICE 1221S ANTIGGE RESTERATION LLC Name of Limited Liability Company
The enclosed Articles of Amendment and (ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HANDEE VALDERRAPIH Name of Person
Firm/Company
Firm/Company
1229 POCNIDENCE BLUD Address
7 17 32 725
De Itura FL 32725 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (tadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on $\frac{08/08/2016}{}$ and assigned Florida document number L 16000148072. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

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>	<u>Address</u>	Type of Action
			☐ Remove
			□ Change
			□ Remove
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		/	O'Change
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			□ Remove
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			□ Add
			Remove
			☐ Change

-1	N THE ARTICLE III ADD!
<u></u>	BOTH PARTNERS ARE NOT ABLE tO OPEN OR
Ŧ	PARTICIPATE IN ANY COMPANIES THAT IS
_	SIMILAR to GRERRIS ANTIQUE RESTORATION
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m effe o <mark>te:</mark>	ive date, if other than the date of filing: OUTT (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (iling.) Pursuant to 605.00. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ned .	October 4 2017.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00