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S. YOUNG

SECRETARY OF STATE TALLAHASSEE, I'LORIDA

#### **Contact**

Gregory C. Ward

#### Office Phone #:

305-209-0613

### **Return Address**

7975 NW 154<sup>TH</sup> ST STE 306 MIAMI LAKES, FL 33016 SEGRETARY OF STATE

## TO ARTICLES OF ORGANIZATION OF

1007 Kissinnee, LL	<u>C</u>	
(Name of the Limited Liability Companied Liability Companied Liability Companied Liability Companied Liability Companied Liability Companied Liability Companies (A Florida Limited Liability Companies)	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w		and assigned
Florida document number <u>L16000158661</u> .	· ;	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the al	bbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1 13.25
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	ice 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	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<i>c,</i>	Dip code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

	. <u></u>		
	from our records:		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		a delayed effec er the record is		not an effect	ive time, at 12:	:01 a.m. on t	the earlier o
Dated	stroft.	August 28		6			
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			C. Ward Typed or p	2			

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