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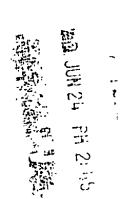
(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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TO: Registration Se Division of Co			
SUBJECT:	18 H St	rect LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jorge Bravo		18
		Name of Person	
	18th S	Freet, LCC	
	10542 Wittenberg Way	Firm/Company	
	Orlando, FL 32832	Address	
	jbravo@metronow.net	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	// 00
JOS Name	Person	at (107) 24 Area Code Daytime	e Telephone Number
Pholosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 ORGANIZATION OF

(<u>Name of the Limited Liz</u> (A Flo	ability Company as it n	ow appears on our re	scords.)
The Articles of Organization for this Limited Liability	•	9/1	2/2016 and assig
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability cor	npany here:	
The new name must be distinguishable and contain the words	Limited Liability Comp	any," the designation	"LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	<u> </u>		····
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		dress on our rec	ords, <u>enter the name of</u>
New Registered Office Address:			
		Enter Florida street ad	ddress
_			, Florida
	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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Ac
MMBR	Jorge R. Branc	10542 Willenberg WA	Add Add
K	Jorge R. Bravo Remove	Orlando, FC	Remove
		32835	Change
			D Add
			□ Remove
200 0/0			Change
MOR	Jorge R. Brawo	10542 Willen berg/Wi	Add Add
VIANOJE R	< AOD 7	Orlando, FC	Remove
		32832	Change
			Remove
			Change
		 -	
			□ Remove
			Change
			□ Remove
			□ Change

1 Hease Exchange	mmBR tit
	MGR title
	
	
	21 2019
E. Effective date, if other than the date of filing: A NUCU (If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ingor more than 90 days after filing.) Pursuant to 605.02
If the record specifies a delayed effective date, but not an effective filed.	ctive time, at 12:01 a.m. on the earlier
Dated JANNary 2019	
Signature of a member or authorized representation of a member of authorized representation of a member of a membe	\bigcirc

Page 3 of 3

Filing Fee: \$25.00