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(Re	questor's Name)	
- (Ad	dress)	
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M. MILLIGAN DEC 0 1 2016

## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	Makadi Ho	Idias 116	
JODJECI.	Name of Lim	nited Liabhay 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:	
	Michael	Name of Person	
	Souther	Name of Person  St Veterinary No Firm/Company	evology, PA
	930	O SW 40th St Address	
	M(&)	mi, FL 33165 City/State and Zip Code	
For further information of	E-mail address: (	to be used for future annual report notice	fication)
TOT TUTTIES INTOFINATION C	oncerning uns matter, prease c	an.	
Michael	Wons	at ( <u>305</u> ) 27	1 2777
Name o	it Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

# TO ARTICLES OF ORGANIZATION

ARTICLES	TO S OF ORGANIZAT OF	TION TO THE TOTAL THE TOTAL TO THE TOTAL TOT
(Name of the Limited Liabili	ty Company as it now appear a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability C		9 14 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company he	re:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, 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 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Michael Wong	9300 SW40th St Miami, FL 33165	Add
		Miami, FL 33165	□ Remove
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L. Ellecu (If an eff	ve date, if other than the date of filing:	<b>ptional)</b> after filing ) Pursuant to 605.0	020 <b>7</b> (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements,	this date will not be listed	d as the
docum	ent's effective date on the Department of State's records.		
			_
	ord specifies a delayed effective date, but not an effective time, at 12:0	11 a.m. on the earlie	r of:
(b) The	90th day after the record is filed.		
D-4-3	Nov 12, 2016.		
Dated	Nov 12, 2016.	,	
	A11 A 4 .		
	Signature of a member or authorized representative of a member	2218 NOV 28	
	Signature of a member or authorized representative of a member	- C	• ;
		28	
	Mini- A. Mala di-	₹ 🗰 🖔	,
	Myri - Ann Melendez Typed or printed name of signee		
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	Page 3 of 3	12	

Page 3 of 3

Filing Fee: \$25.00