116000182962

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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K. SALY FEB 1 4 2017

COVER LETTER

TO: Registration Se Division of Cor			
EIGHTY 7	SELECT, LLC		
SUBJECT:	Name of Lim	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:	
	Adrianna Valles		
	- • ·	Name of Person	
		Firm/Company	
	524 Seven Oaks Blvd		
		Address	
	Winter Springs, FL 32708		
		City/State and Zip Code	
	Eighty7Select@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Adrianna Valles		954 696-7643 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed 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 AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2017FEB 13 PM 3: 22
TALLAHASSEE, FLORIUM

EIGHTY Y SELECT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L16000182962</u>	were filed on 09/30/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	524 SEVEN OAKS BLVD		
incipal office address MUST BE A STREET ADDRESS) WINTER SPRINGS FL 32708			
	524 SEVEN OAKS DI VD		
Enter new mailing address, if applicable:	524 SEVEN OAKS BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	WINTER SPRINGS FL 32708		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
·	Enter Florida street address		
	, Florida	7: ()	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	

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	g Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address of each person being add	<u>led</u>
MGR = N	· · · · · · · · · · · · · · · · · · ·	Address Score Table and Address of each person being address of each person being address of each person being address 2017 FEB 13 PM 3: 22 Type of Action	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE IALLAHASSEE, FLORIDA Add	
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n effecti i <mark>te:</mark> If t	e date, if other than the date vive date is listed, the date must be spetthe date inserted in this block do t's effective date on the Departm	ecific and cannot be poes not meet the app	rior to date of filing or plicable statutory fil	more than 90 days a	ptional) ther filing.) Pursua this date will no	ant to 605.0207 t be listed as
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Filing Fee: \$25.00