L16 000 185637

(Requestor's Name)	
(Address)	900305
(Address)	300303
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	11/20/170
(Document Number)	
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J. HARRIS

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: _A	Name of Limi	Henance and ted Liability Company	1 Repairs, Lld
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arie	Aceloo Name of Person	
	ARNK	laintenance Firm/Company	and Rapatis, LLC
	1720	5.60. 126 Address	Place
	<u>M9am</u>	P. Flonda 3 City/State and Zip Code	3175
	NERVILEN E-mail address: (t	o be used for lature annual report notifi	ication)
For further information of	concerning this matter, please ca	ill:	
A POL	AQQ66	at (305) 97 Area Code Daytime	9-1396 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LO. 1

South Florida Mari	Henance and Kepains, CC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Torida document number 11600185637	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab A D Mach + overve or	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1720 S.W. 126 Place
Principal office address MUST BE A STREET ADDRESS)	MPami, FLorida 33175
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1720 5.W. 126 Place MPami, Florida 33175
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent: A Pe	1 Acelo
New Registered Office Address: 1720	5.W. 126 Place
	19am? Florida 33/75 Zip Code
New Desistered Agent's Signuture if changing Pagistered Agents	•

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

Page 1 of 3

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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Mar.	Ariel Acebo	1720 s.w. 126 Planta 3	Add Add
O		HPam?, Florida 3	3775 Emove
			Change
			Add
			🗀 Remove
			☐ Change
<			D Add
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			Add
			Remove Remove
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			Remove
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-	NA	
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(If an ef Note:	tive date, if other than the date of filing:	:o 605.0207 (3) e listed as the
	cord specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m.}$ on the e 90th day after the record is filed.	arlier of:
Dated	November 15th 2017.	2817
	Signature of a member or authorized representative of a member	
		O .
	Ariel Acebo	Ħ.

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Filing Fee: \$25.00