## 1/600/189255

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name	е)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400304130474

18/19/17-+01040-+028 \*\*25.60

17 OCT 10 PM 2: 59
Separation of State
TAILABASSEE, FLORIDA

S. WARREN 0CT 1 1 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Oct 13" 2014 and assigned Florida document number 160001 84256.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation LLC." Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address. If applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Value   Valu	(Name of the Limited	Liability Company as it Florida Limited Liability	t now appears on our y Company)	records.)	<del></del>
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	The Articles of Organization for this Limited Liab	oility Company were	filed on Oct 13	" 2014	and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	Florida document number \(\frac{40000 \qq 29}{2}\)	<u>55</u>			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	This amendment is submitted to amend the follow	ving:			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	A. If amending name, enter the new name of t	he limited liability co	ompany here:		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	77	d. mi india di Albandina Ga		will 0"	<u> </u>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	The new name must be distinguishable and contain the wor	as "Limited Liability Cor	npany, the designation	on LLC orther	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	Enter new principal offices address, if applicat	ole:			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:					<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:					
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	Enter new mailing address, if applicable:				<b>€ 89</b>
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	(Mailing address MAY BE A POST OFFICE B	 Ολ')			
registered agent and/or the new registered office address here:		<del> </del>		<del>-</del> -	
registered agent and/or the new registered office address here:					
Name of New Registered Agent:  New Registered Office Address:    Low Sold Cours		ce address here:			· · · · ·
New Registered Office Address: 6750 Stirling R2  Enter Florida street address  Holly wood Florida 33024  City Zip Code	Name of New Registered Agent:	Ere SI	louis		
Holly wood, Florida 33024  City Zip Code	New Registered Office Address:	6750 Strin	15 R2 Enter Florida stree	t address	
•		Holly wood	îw.	, Florida _	ろるとり Zip Code
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Re-				·

If Changing Registered Agent, Monature of New 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 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
C40	Anais Evans	6750 Strling Rd	
		Letty work, At 33024	Remove
			Change
			□ Remove
			Change
		<del></del>	Remove
			Change
			□ Remove
			Change
			Remove
			OR Change
<del></del>			Haran Baran
			ELOSE Boove
			>>

			<del>_</del>	
	<u> </u>		<del>_</del>	
				<del></del>
	<del></del>			
		<u> </u>		
		_		
ffec	rive date, if other than the date of file fective date is listed, the date must be specific:	ing:		(optional)
an et iote:	fective date is listed, the date must be specific and the date inserted in this block does no	and cannot be prior to dat timeet the applicable :	e of filing or more than 90 statutory filing requirem	days after filing.) Pursuant to 605,020 nents, this date will not be listed as
	nent's effective date on the Department o		, .	
e re The	cord specifies a delayed effective 90th day after the record is file	: date, but not an d.	effective time, at :	12:01 a.m. on the earlier o
	<b></b>			
	Oct 15 4	20it	27	
ated	1/ -/		<i>}</i>	
ated				
ated	Simanure of	a member or authorized	representative of a memb-	
ated	_		representative of a member	ing Ö
ated	_	54 Cours		ing Ö
ated	_			ET 10
ated	_	54 Cours		

Filing Fee: \$25.00