# L14000194806

(Re	questor's Name)	
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#### **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUD II		MANAGEMENT, LLC		
SUBJE		Name of Lim	ited Liability Company	·
The end	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspon	dence concerning this matter	to the following:	
		JAMIE TORREALBA		
			Name of Person	
		JTA CONSULTING GRO	UP, LLC	
			Firm/Company	
		1007 NW 13TH ST		
			Address	
		STUART, FL 34994		
			City/State and Zip Code	
		E mail address:	to be used for future annual report notification	
For furt	her information co	ncerning this matter, please ca	·	,
	TORREALBA	,	305 433-0556	
	Name of	Person	at ()	none Number
Enclose	ed is a check for the	e following amount:		
\$25	5.00 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)
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTREPID MANAGEMENT, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L16000194806	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<del></del>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO.	X)	26
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		<u>∾</u> %2
B. If amending the registered agent and/or registered agent and/or the new registered office	· —	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la.
-	City , Flotte	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

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARISOL CHERVONY	142 Anglers Way	<b>■</b> Add
		Islamorada, FL 33036	□ Remove
			□ Change
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			□ Remove
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			Remove
			☐ Change

f amending any other inform	mation, enter change(s) here: (Attach additional sheets, if no	ecessary.)
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<b>lote:</b> If the date inserted in this	he date of filing:	otional) fter filing.) Pursuant to 605.0207 his date will not be listed as
e record specifies a delay The 90th day after the re	red effective date, but not an effective time, at 12:01 ecord is filed.	l a.m. on the earlier of
OCTOBER 25TH	2016	4
	Tool .	<b>16</b> 00
	Signature of a member or authorized representative of a member	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
JAMIE TORREALB.	A	10 11 12 12 12 12 12 12 12 12 12 12 12 12
	Typed or printed name of signee	<del>- 19</del> 88

Page 3 of 3

Filing Fee: \$25.00