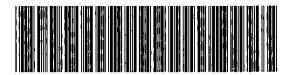
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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	,
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		

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04/26/17--01009--030 \*\*25.00



D. SCOTT APR 2 8 2017

## **COVER LETTER**

TO:	Registration Section Division of Corpor				
₩ SUBJE(	CT: <u>411</u> 9	Name of Lim	S CUCINOS U.C. nited Liability Company	<del>,</del>	
The encl	osed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresponde	nce concerning this matter	to the following:		
		Urd	Name of Person		
		ं याङ्ग	Firm/Company	ones cc	
		15709 Honta	esino Divu Address	<del></del>	
		Orlando	Fl. 32828 City/State and Zip Code	<del> </del>	
	-	E-mail address: (	to be used for future annual report noti	fication)	
For furth	er information conc	erning this matter, please co	all:	是是	
Ŋ	lade Se	$\sim d$	at (850) 405-	2817	LED
	Name of Pe			e Telephone Number FIST STATE 39	O
\$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	

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

	coners UC
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number (1000) (17)	were filed on <u>4112187</u> 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 abbreviation "L.L.C."
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)	15709 Montesino Dive Ovlando Fl 32828
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	TANGE TO THE PARTY OF THE PARTY
New Registered Office Address:	Enter Florida street address
	Florida F
- <del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	39 B

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 <del>=</del> A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Abrainan Conelio	20039 out Ridge Road woodwhile Touchoose 3.	<del>3235</del> <b>4</b> 4dd 7305
			Remove
			Change
	W		Add
MOR	GR Abraham Conel 20	2851 S. Magnolia Aue Sanford F1: 32773	Dr.Remove
			Change
<del></del>	-		Add
			Remove
			☐ Change
	w		
			Remove
			Change
16R Jose Ruit			三三回 愛山 コ
			26 Remove 12 Change
			Change Change
			□ Remove
			Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary	9	
		<del> </del>	
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•			
		<u> </u>	
(If an ef	tive date, if other than the date of filing:		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the earlie	r of:
Dated	April 17th , 7017	SECRET SECRET	П
	Muille Scal	155 <b>26</b>	FILED
	Signature of a member or authorized representative of a member	PH 12:	O
	Typed or printed name of signee	<del>- =                                   </del>	

Page 3 of 3

Filing Fee: \$25.00