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COVER LETTER

TO:	Registration Sect Division of Corp			
SUBJE	ст: <u>61</u>	ow Sports of Limit	and Ender Jairy	mend L.L.C
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please t	eturn all correspon	lence concerning this matter	to the following:	
		Joig	Name of Person	
		<u>61000</u>	Firm Company	binnerth.L.C.
		9410 Su) 78 H 51.	·
		Miani	FL 33173 City/State and Zip Code	
		E-man address: (t	s p.nosc Z7C gr	nail com
		ncerning this matter, please ca		
	pras E	on constant	at (<u>786</u>) <u>493</u> Area Code Dayti	me Telephone Number
Enclose	d is a check for the	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 2018 NOV -8 PM 1: 24

Same of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) 11/29/16 The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000 Z166 80 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Candido Acasta	118 Zamara Aus	⊠ Add
		¥ 50G	□ Remove
		Coral Gables, FL 33134	🗆 Change
AMBR	Vacu 520 Corp.	118 Zamaia Aux.	 Add
		H 20 E	□ Remove
		Coral bubbles, FL 331	34 ☐ Change
MGR	Maria E. Lawrence	9410 S.W. 78th SI.	
		Msani, FL 33173	≅ Remove
			Change
			Remove
			🗆 Change
			O Add
			□ Remove
			Change
			□ Remove
			□ Change

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Note:	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. on the earlier of: e 90th day after the record is filed.
Dated	·
	May persona
	Signature of a number of authorized representative of a member Or OS

Page 3 of 3

Filing Fee: \$25.00