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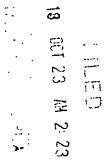
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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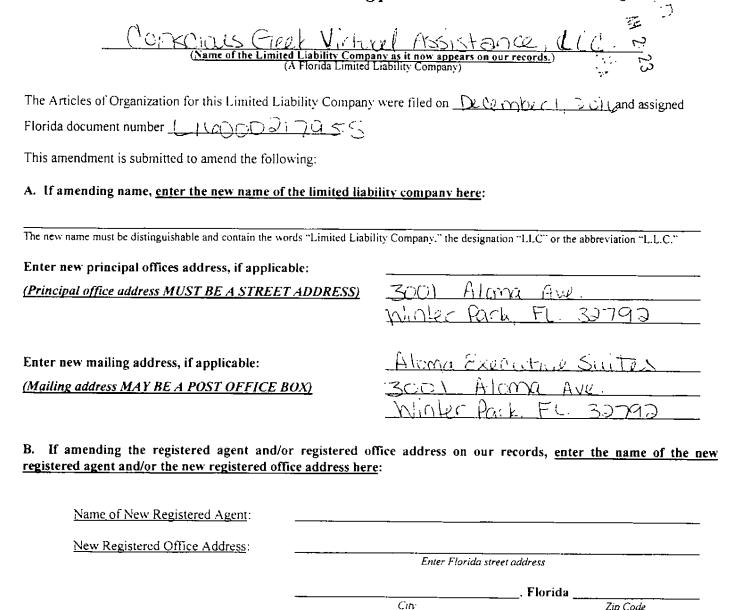
	Registration Section Division of Corpor			
SUBJEC	T: (\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)		or ht WC(i785 is 4000 ed Liability Company	o lle.
The enclo	sed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please reti	urn all corresponde	nce concerning this matter to	o the following:	
		Maria	Name of Person	
			Firm/Company	
		<u> </u>	Alixina Aug Address	
		Mutter P	Oach FL. 30795 City/State and Zip Code	9
	-	E-mail address: (to	be used for future annual report notificati	on)
For furthe	r information conc	erning this matter, please cal	II:	
Na	Nama of Pe	+1 12.7 rson	at (<u>L/()</u>)	lephone Number
Enclosed i	is a check for the fo	ollowing amount:		
\$25.00	0 Filing Fee l	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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



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>	Address	Type of Action
MGR	Bunice Mactivez	3001 Alima Aux.	E Add
		Winter Pack Fl. 3079;	☐ Remove
			Change
AMBR	Miguel Martinez	PO BOX 950719	DAdd
		Lake Mary- Fr. 32793	☐ Remove
			Change
			ç⊡ Add
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			Remove
			Change

	Purpose: The Company Shall have the authorite
	to do all things revessions or convenient to
	accomplish its purpose and operate its business
	Any privisions under this act "imposition of
	personal liab. litres on ouners is required on
	be permitted to be set forth in Operating
	Agreement.
	<u> </u>
	. 23
	至
(If an <u>Not</u>	effective date, if other than the date of filing:
fther b) Th	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie he 90th day after the record is filed.
Date	ed 00 topic 10 . 2018.
Date	

Page 3 of 3

Filing Fee: \$25.00