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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

K. SALY DEC 21 2016

## **COVER LETTER**

Division of Co	rporations		a ·		
SUBJECT:		16745 MA LLC			
30bacer	Name of Lim	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		MARTHA OTALORA			
		Name of Person			
	MO AC	COUNTING SERVICES CORP			
		Firm/Company	······································		
	175 FON	175 FONTAINEBLEAU BLVD SUITE 2-G			
		Address			
		MIAMI, FL 33172			
		City/State and Zip Code			
		@moaccountingservices.com	<u> </u>		
		to be used for future annual report notif	neation)		
For further information	concerning this matter, please ca	ill:			
MIGUEL A LOOR CENTENO		305 967-3777 at ( )			
Name	of Person		e Telephone Number		
Enclosed is a check for t	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)		
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Registration Section** 

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO ARTICLES OF O	_	ON.	FIL
O		2016 DA	"LEO
16745 MA (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears	TALLAHAS	E 19 PM 2: 43 SEE. FLORIO. and assigned
The Articles of Organization for this Limited Liability Company  Florida document numberL16000220492	were filed on	12/06/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<b>2:</b>	
N/A  The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and	it: Company " the dec	ignation "LLC" or the obbras	viotion "L. I. C."
Enter new principal offices address, if applicable:	N/A	gradion ble of the abbrev	Tation E.E.C.
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the	name of the nev
Name of New Registered Agent:			78.2.7
New Registered Office Address:	P		
	Enter Florid	a street address	
	City	, Florida	7 in Code
			7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

## 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

<b>Title</b>	<u>Name</u>	Address	Type of Action
MGR	MIGUEL A LOOR CENTENO		
		68 SE GTH ST APT 1009 Midmi, FI 33131	■ Remove
			Change
MGR	MAIDA ALONSO	4751 west 28 Ave Suite 4 Hialech, Fl 33016	
			Remove
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Effective date, if other than the date of file of an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior of meet the application	able statutory filing re	(option than 90 days after for quirements, this	iling.) Pursuant to 605.	.0207 ed as
e record specifies a delayed effective The 90th day after the record is file		t an effective tim	e, at 12:01 a.	m. on the earlie	er of
DECEMBER 14 Dated	2016				
	mant	<del></del> '			
Signature	fa member or autho	orized representative of a	member		
Signature of		OOR CENTENO	· menioei		

Page 3 of 3

Filing Fee: \$25.00