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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , , |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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09/01/17--01005--036 **25.00



D. SCOTT SEP 5 2017

COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: y 001 84 @ 9mgil. Glm For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, < Certificate of Status Certified Copy Certificate of Status &:

(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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 0. |
|---|--|
| County) not | /// |
| (Name of the Limited Link) | iv Company as it now sporare on our records.) a Limited Liability Company) |
| (A Florid | a Limited Lianniny Company |
| The Articles of Organization for this Limited Liability | Commany were filed on 12/08/2016 and assigned |
| | |
| Florida document number 16000000 | <u>7.</u> 110 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| | "LLC" or the abbreviation "LLC" |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADL | ORESS) |
| (Francian softe man est to est | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| resistered agent and/or the new regimeness united | gistered office address on our records, enter the name of the new |
| Name of New Registered Agent: | -110 E |
| New Registered Office Address: | Enter Florida street address |
| | SE T |
| | , Florida |
| | Cay as Code — |
| New Registered Agent's Signature, if changing Regist | terred Agent: |
| I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an | ent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with und od agent as provided for in Chapter 605. F.S. Or, if this document is |
| being filed to merely reflect a change in the regis company has been notified in writing of this char | teres of the man and a recent of any man trees the mittell falliful |
| | If Changing Registered Agent, Signature of New Registered Agent |
| | Washington Variation |
| | Page 1 of 3 |

| If amending Authorized Person | enter the title, name, and address of each person being added |
|-------------------------------|---|
| or removed from our records: | GIRT MO DOM: |

| MGR = Ma AMBR = Au | inager ithorized Member | | |
|-----------------------|----------------------------|--|---------------------------------------|
| Title | Name | Address | Type of Action |
| AP | Ronald Pierre | 1013 Foster Rd 1 | Add |
| | | 1013 Foster Rd 1 Hallandale, FI 33009 | Remove |
| | | | Change |
| | | | C3 Add |
| | | | Remove |
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| | | | D Add |
| | | | D Remove |
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| mending any other informa | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
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| ffective date, if other than the effective date is listed, the date in listed in this late; If the date inserted in this | he date of filing: must be specific and cannot be prior to date of filing block does not meet the applicable statutory; Department of State's records. | or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be liste | |
| | | | |
| e record specifies a delay The 90th day after the n | ed effective date, but not an effective cord is filed. | ve time, at 12:01 a.m. on the earth | |
| Pated August 3 | 2017. | Le le | |
| | Signature of a member or authorneo represent | tative of a member | |
| Slanley | Alcime | | |

Page 3 of 3

Filing Fee: \$25.00