L17000000165

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Chiprotate/Liphy Holic hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:

Office Use Only



400294982564

02/01/17--01010--029 **25.00

TILE OF STATE

S Warren FEB 0 2 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17000000765 Florida document number 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 "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) 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 Zip Code

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Silvia Rojas	7757 SW 86 th Street C-213 Miamin FL-33/43	Add
		Miamis FL 33/43	Remove
			Change
			Add
			C Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove Change
		F. FLORIDA	Add Remove
			_LI Remove

					
			· · · · · · · · · · · · · · · · · · ·	······································	
				· · · · · · · · · · · · · · · · · · ·	

	· · · · · ·				
Iffective date, if other than an effective date is listed, the date Note: If the date inserted in the locument's effective date on the	must be specific and is block does not m	cannot be prior to date of eet the applicable sta	of filing or more than 90 tutory filing requirem	(optional) days after filing.) Pursu ents, this date will no	eant to 605.02 ot be listed
e record specifies a dela The 90th day after the		ate, but not an e	ffective time, at :	12:01 a.m. on th	ne earlier o
ated JAN 23	12017	·			-
	a 1	•		第二 是	A managed ,
	\mathcal{L}	Λ		و معتبر الرواد	
-	Signature of a m	nember or authorized re	presentative of a member	<u> </u>	m

Page 3 of 3

Filing Fee: \$25.00