## 47000009698

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		,

Office Use Only



300293718923

01/31/17--01032--024 \*\*25.00

FILED

17 JAN 31 PH 3:59

O SIMMONS FEB 0 1 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears of	a our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>4 /700009698</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	were filed on		2 and assigned	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desig	nation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:			夏士	
(Principal office address MUST BE A STREET ADDRESS)	NO	Change	E 5	
A STREET ADDRESS		venge	<u>π</u> ω	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No	Change	PH 3: 59	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	<b>:</b>	ur records, <u>enter th</u>	e name of the	new
Name of New Registered Agent.	700 (	nange		_
New Registered Office Address:	Enter Florida	etraat addrass	· · · · · · · · · · · · · · · · · · ·	
	Emer Piorida	sireer address		
	C't-	, Florida	2:- C- J	_
New Degistered Agent's Signature if shanging Degistered Agent.	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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMB</u> R	Ruby Cintron	11921 Walsh Blod.	33184 Add
			□ Remove
		<del></del>	☐ Change
	<del></del>		Add
		······································	☐ Remove
			☐ Change
<del></del>	· · · · · · · · · · · · · · · · · · ·		□ Add
		**************************************	☐ Remove
			□ Changes
<u></u>	<del></del>	<del></del>	PH 3:
			□ Remove O
		<del></del>	□ Change
		<del></del>	
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A.
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	早の
	57
	٠:
lfan e <u>Note:</u>	tive date, if other than the date of filing:
	ecord 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	January 30th, 2017.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Alfred Cardanne

Page 3 of 3

Filing Fee: \$25.00