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(Requ	estor's Name)	
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(City/s	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only

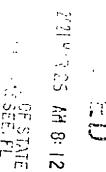


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CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	UP: 3/26 Glinda
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2017 and assigned Florida document number L17000013252

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 "LLC."

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)

B. 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

XENEIZE SPAILLC

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.

Enter Florida street address

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>	Name	Address	Type of Action
MGR	HERMOSILLA LORENA	12550 Biscayne Blvd.	
		Suite 406	
		North Mismi, FL 33181-2544	
			
			□ Remove
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			□Add
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			□Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
	tive date, if other than the date of filing: [Coptional] [Coptional]
ne recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	D)umo K
	Signature of a member or authorized representative of a member
	of a member

Filing Fee: \$25.00