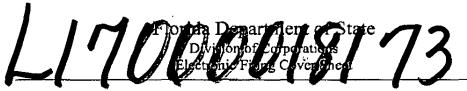
page 1

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000535763)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: TORRES & VADILLO, LLP Account Name

Account Number : 120150000038 : (305)485-9700 Phone

Fax Number : (305)436-0191

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Corporations a

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIND NEW HOME LLC

Certificate of Status	0
Certified Copy	0
Page Count	or 04.
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florid	ity Company as it now appears a Limited Liability Company)	on our secous,
The Articles of Organization for this Limited Liability ( Florida document number L17000018173	Company were filed on 01/2	23/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :
N/A		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD	RESS)	
		<del></del>
		LAX
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		Ø ₹
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter the name of the ne
registered agent and/of the new registered white ad-	ures nere.	<b>&gt;</b>
Name of New Registered Agent: N/A		
New Registered Office Address:		,
		ida street address
<u></u>	- <u>[</u> [	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered t	complete performance of	my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

, i

## H17000053574 3

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

Title	<u>Name</u>	Address	Type of Action
MGR GOOD PLAN, LLC	4560 NW 79 Avenue	<b>≅</b> Add	
		Apto 1E	PEA PEA
		DORAL, FL 33166	☐ Change
			□ Remove
			□ Change
			Add
		- ;	□ Remove
			TALECHE TO A RECEIVED TO A REC
			SE C Remove
			Change C
			D Ådd
		<u> </u>	☐ Remove
			☐ Change
			Add
		-	□ Remove
			Charge

	ending any other information, enter change(s) here: (Attach additional sheets, if necessa N/A	(.עמי			
		·			
•	· ru				
		SEC TAIL	2017		
		AHASS	<del>-</del>	T}	. ** . **
		EFE.	24 /	m	
		F 0 7	=	J	
		ADE	<u></u>		
(If an el Note:	tive date, if other than the date of filing:  N/A  (options fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this danent's effective date on the Department of State's records.	ig.) Pursu	ant to 605 of be liste	.0207 (3)(b) ed as the	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	. on th	e earli	er of:	
Dated	FEBRUARY 24 , 2017 .				
	Signature of a member or authorized representative of a member				, † 1750
	XIOMARA POLANCO, INCORPORATOR				<del></del>

Page 3 of 3

Filing Fee: \$25.00