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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	J-JAN	4 220	
SUBJECT.	Name of Limi	Y LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing	
	ndence concerning this matter t		
riedse return un correspo	machee example and mache		
	Jimm	A Donaire Name of Person Jany 26 C. Firm/Company	
	<u> </u>	Jany LCC.	
		ļ.	
	15/0	Carioca Dr. Address	
		ì	
	LaKe la	City/State and Zip Code 3380. SK40 £ T DY OF H. C DY o be used for future annual report notifi	/
	c. d. d	2 clysstate and sup code	
	E-mail address: (1	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
Jimmy	Donaire Person	at (868) 709-	
Name'o	f Person	Area Cdde Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
№ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	NIC ADDRESS	empremion in t	CD ADDDESS.
Registr	ING ADDRESS: ation Section	STREET/COURII Registration Section	า
	n of Corporations ox 6327	Division of Corpora Clifton Building	ations
	issee. FL 32314	2651 Executive Cer Tallahassee, FL 321	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1
(Name of the Limited Liability Comp	any as it now appears on our records.)
	any as it now appears on our records.) Libility Company)
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>L 17000025540</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	illip Company" the designation "LLC" or the abbreviation "L.L.C."
	_
Enter new principal offices address, if applicable:	NEC SEC
(Principal office address MUST BE A STREET ADDRESS)	ANTE
	Z Z
er i 19 - 13 i i i filozofi (filozofi)	A E S
Enter new mailing address, if applicable:	NI:
(Mailing address MAY BE A POST OFFICE BOX)	न कुल
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
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	<u>:</u> \
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Ch.	anging Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M $MBR = A$	anager uthorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
MBR	Elvin N Hernandez	2/31 Smithfield Cir	X Add
		2131 Smithfield Cir Lakaland FC 33801	□ Remove
			Change
			🗆 Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
		□ Remove	
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			Change

). If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	
		
		SECR ALLA
		RETAR AHASS AN 23
		Y OF STA
		STATE LORID
		——————————————————————————————————————
		<u> </u>
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r rec it is the Seak and her the date of filings	(optional)	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursu	ant to 605.0207 (3 of he listed as th
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on th	e earlier of:
Dated January 16 2018		
Signature of a member or author Typed or printed	name of signee	
D	252	

Page 3 of 3

Filing Fee: \$25.00