# 117000026123

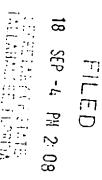
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#### **COVER LETTER**

Division of Corp	orations		
SUBJECT:	Folid MANAG	SELLENT /40/	dings LLC
•	Name of Limited	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submi	itted for filing.	
		. 6.11	
Please return all correspor	idence concerning this matter to	the following:	
	PATRICIA	Coonzalez-Ten Name of Person	eera OF
	THE Elips	S LAW FRY Firm/Company	PLC
	15500 Ne	RW BANK KO	1. # 104
	Hami L		33014
	gbgroofi Gmail address: (to	City/State and Zip Code  1990	Tom fication)
· For further information co	oncerning this matter, please call	l:	
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LATEICIA O	poralez-tenent	Area Code Davtim	ne Telephone Number
Name of	1 (130)		·
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on February 1, 2017 and assigned Florida document number <u>L17000026123</u> 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: Ġ (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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Title** <u>Name</u> <u>Address</u> YAMEXIS Holinos 8041 NW 186 TENARGE
HIALAM, FL 33015 Remove \_□ Change ANGEL CARDOSO 8041 NW 1860 TELLACE XAD Higlash, FL 33015 □ Change □ Add ☐ Remove ☐ Change **□** Add Remove © Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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