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SECRETARY OF STATE

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**S Warren** MAR 23 2017

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor | ction<br>porations                              | ,· · · · ·  | ,   |
|--|---|---|---|
| SUBJECT:X                              | Name of Lim                                     | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |   |
|  | Nena P  | Donsignore<br>Name of Person  |   |
|  | Flown F   | Firm/Company  |   |
|  | 2-Sath P.                                       | Siscayne Blud #   | 3766  |
|  | Mani F  | City/State and Zip Code   |   |
|  | E-mail address: (t                              | to be used for future annual report notif                           | ication)  |
| For further information co             | encerning this matter, please ca                | ıll:  |   |
| Nena R                                 | Person Person                                   | at (202) 766 -<br>Area Code Daytime                                 | 297 B Telephone Number  |
| Enclosed is a check for the            | e following amount:                             |   |   |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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**

| (Name of the Limited  | <u> </u>                           | <u>ر</u>                                     |                        |                       |               |             |
|---|------------------------------------|--|------------------------|-----------------------|---------------|-------------|
| ( <u>Name of the Limited</u><br>(A  | Liability Comp.<br>Florida Limited | <b>any as it now app</b><br>Liability Compan | ocars on our red<br>y) | cords.)               |               |             |
| The Articles of Organization for this Limited Liab  | oility Company                     |  |                        |                       | and ass       | signed      |
| This amendment is submitted to amend the follow   | ring:                              |  |                        |                       |               |             |
| A. If amending name, enter the new name of the  | ne li <u>mited lia</u> t           | oility company                               | here:                  |                       |               |             |
| The new name must be distinguishable and contain the word                                   | ds "Limited Liabi                  | lity Company," th                            | ne designation "       | LLC" or the ab        | breviation "L | .L.C."      |
| Enter new principal offices address, if applicab  | le:                                |  |                        | in the second         |               | <del></del> |
| (Principal office address MUST BE A STREET ADDRESS)   |                                    |  |                        | - <del>- 1</del>      |               |             |
|   |                                    |  | <del></del>            | <u></u>               |               | m           |
| Enter new mailing address, if applicable:   |                                    |  |                        | <u> </u>              | FST F         | 0           |
| Mailing address MAY BE A POST OFFICE BO   | <u>DX)</u>                         |  |                        |                       | F. 12         | <del></del> |
| B. If amending the registered agent and/or registered agent and/or the new registered offic |                                    |  | on our reco            | ords, <u>enter</u>    | the name      | of the nev  |
| Name of New Registered Agent:   | Ivan                               | hode   | iguez                  |                       |               | <u> </u>    |
| New Registered Office Address:  | 7946                               | PW   | Colorida street add    | <del>M</del><br>tress |               |             |
|   | Miani                              | City   | ,                      | Florida               | 33\4(         | · <u>·</u>  |
| New Registered Agent's Signature, if changing Reg   | istered 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 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> <u>Name</u> <u>Address</u> Type of Action Van Rodriguez MGR 7944 DW 66th of 33164 □ Remove ☐ Change □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change 22 20 Remove

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| ective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block   | k does not meet the | applicable statuto | ng or more than 90<br>ry filing requirem | (optional) days after filing.) I ents, this date w | Pursuant to 605.02 | 07 (<br>as 1 |
|  |                     |                    |  |  |                    |              |
| ument's effective date on the Department record specifies a delayed e  |                     | ut not an effec    | ctive time, at 1                         | .2:01 a <sub>.</sub> m. o                          | in the second      | of:          |
| rument's effective date on the Department's effective date of the Department's effet date of the Department's effet date  | d is filed.         |                    | ctive time, at 1                         | 41.3<br>106.000                                    |                    |              |
| record specifies a delayed ethe 90th day after the recorded the 18 of the 18 | , 20                | 17.                |  | PORCTARY OF NAMES FELT                             | TIE                |              |
| record specifies a delayed ethe 90th day after the recorded by the 100 of the | d is filed.         | 17.                |  | APASSEL (  | TEM 22             |              |

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Filing Fee: \$25.00