# L1700032142

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TARRIS MIES

APR 14 2017 Y SULKER

## COVER LETTER

TO: Registration Sec Division of Corp		ę	<b>£</b> ,
SUBJECT: Man	rana LCGS Name of Lim	ited Obility Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Miguel	Asum Marke of Person	
	montana	Lecsing LLC Firm Compan	
	15507 Fu	Mong Circle.	
	Odessa,	FL 33556 City/State and Zip Code	
	MAQUA Emili address: (	Con CC3 - Temple C	cation)
For further information co	ncerning this matter, please co	ill:	
Miguel F Name of	tania	at (S13) — Daytime	9010 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Mottona Lea Sin (Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 4-10- and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS) Odesa, FL 33556
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	15507 Furlay Circle Odessa, FL 33556
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent: 155	154el Agrica 507 Furlong Circle
<u>Od</u>	Enter Florida (strop address  City Florida 37556  Zip Code

#### 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mar	Tony Sanchez	4725 Joseph CT	
	O	4725 Joseph CT Temper FL33614	Remove
			lange
MGR	Migrel Agrica	15507 Fullony Circle	Add
	5 5	Odesse, FL 33556	Remove
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rtive date, if other than the date of filing: 410-1 frective date is listed, the date must be specific and cannot be prior to date of 1 fithe date inserted in this block does not meet the applicable starment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an elue 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlie
a April 4th 2017	

Page 3 of 3

Filing Fee: \$25.00