### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000159425,3)))



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Division of Corporations

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Y SULKER

# H17000159425 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited I	ny as it now appears on our records.) iability Company)	*
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000033453</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "L.L.C" or t	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	young	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>en</u> ;:	ter the game of me new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	RIBA
	, Plorida	
•	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

JUAND ERFIGHTS LLC

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

Page 1 of 3

MGR = Manager

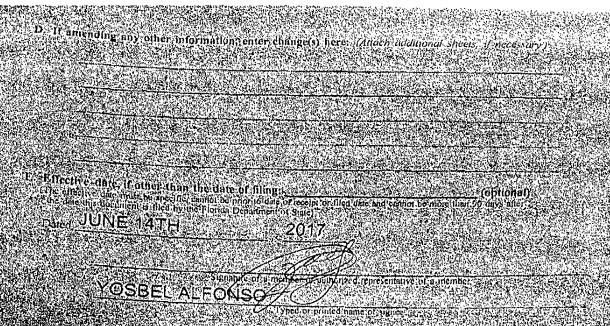
#### H17000159425 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Title Address Name Type of Action MGR ALFONSO, YOSBEL 3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065 □ Add \_ Reniove \_D Add □ Remove \_\_□ Remove

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