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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limi	ted Liability Company	· <u>·</u>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		Name of Person	
		Fran/Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Address	10.75
		Address	
	' (_d)	$\frac{1}{1 + e^{-\epsilon}} \frac{1}{1 + e^{-\epsilon}} \left\{ \frac{1}{1 + e^{-\epsilon}} \right\}$ City/State and Zip Code	
		City/State and Zip Code $\frac{c_{-1}(i_{1}, \dots, i_{n}) \cdot \left(c_{n}(i_{n}, i_{n}, \dots, i_{n})\right)}{c_{n} \text{ be used for future annual report notif}}$	
For further information c	concerning this matter, please ca	all:	
) VV V (et Name c	of Person	at (1 a ly) 1 et (1 a ly) Area Code Daytime	C Telephone Number
Finclosed is a check for t	he 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 ciclosed)

 $MAILING\ ADDRESS;$

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

	who was in	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on $\frac{-i\sqrt{(-\sqrt{A}c)}1}{-}$	and assigned
Florida document number <u>(1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]</u>		
This amendment is submitted to amend the following:		見ゴーカ
Florida document number	iability company here:	JUN 21
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "LLC" o	r the abbre gration 2. L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
		daZiv Code
	City	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 Type of Action <u>Address</u> Name Title 2931 7 W Blan JUSS DAGE Kicabe Alex ALWAY 14 Sh 11 33034 Remove ____ Change _____ □ Remove _____ ☐ Change _____ Change _____ D Add ☐ Remove D Add ____ □ Remove

_____ Change

						
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ective date, if other t	han the date of f	iline:		Copt	ional)	
n effective date is listed, the term of the date inserted	e date must be specific	and cannot be prior	to date of filing or me	re than 90 days afte	r filing.) Pursuant to 60	5,02 red :
cument's effective date				requirements, in	is diffe will the fee	
record specifies a			t an effective t	me, at 12:01	a.m. on the earl	ier
The 90th day after	the record is fil	ed.				
ted			<u> </u>			
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	Signature	of a member or author	orized representative	of a member		
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Page 3 of 3

Filing Fee: \$25.00