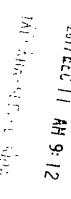
LI7 0000 76779

(Re	equestor's Name)	
(ive	Andrew S Halle)	
(Ac	ldress)	_
	ldress)	
(AC	iaress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	= -
		-
	Office Use On	ly



800306393998

12/12/17--01004--008 **25.00





COVER LETTER

~						
SOBTEC	.1; _		Name of Limit	ted Liability Company		
The enclo	nsed .	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please re	turn a	il correspond	dence concerning this matter t	o the following:		
			WALTER H. MESSICK, E	SQ.		
Name of Person						
			GALVAN MESSICK, PLLC Firm/Company 951 YAMATO ROAD, SUITE 250 Address BOCA RATON, FL 33431 City/State and Zip Code MessickW@GalvanMessick.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: ck, Esq. at (
				Firm/Company		······································
			951 YAMATO ROAD, SU	ITE 250		
				Address		
			BOCA RATON, FL 33431			
					:	
			*			
					a report notificatio	on)
For furthe	er inf	ormation con	cerning this matter, please ca	II:		
Walter H	ł. Me	ssick, Esq.		561 99	94-5956 ext. 22	4
	J. —,	Name of F	Person	Area Code	Daytime Tele	ephone Number
Enclosed	is a c	check for the	following amount:			
≘ \$25 .0	00 Fil	ing l'ee		Certified Copy		Certificate of Status & Certified Copy

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 Lia (A Flo	bility Company as it now ap rida Limited Liability Compa	ncars on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L17000036339	y Company were filed or	02/17/2017	_ and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the	imited liability compan	y here:	
N/A			
The new name must be distinguishable and contain the words "	Limited Liability Company."	the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	1507 LYO	S ROAD	77
(Principal office address MUST BE A STREET AD	DRESS) COCONUT	CREEK, FL 33063	3 3
			<u></u>
Enter new mailing address, if applicable:	1507 LYO)	NS ROAD	
(Muiling address MAY BE A POST OFFICE BOX)	COCONUT	CREEK, FL 33063	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, <u>enter th</u>	ne name of the new
Name of New Registered Agent: G/	LVAN MESSICK, PLLC		
New Registered Office Address: 95	YAMATO ROAD, SUIT	E 250	
	Enter	Florida street address	.
вс	CA RATON	, Florida <u>3343</u>	1
	City		Zip Code

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

Walter to mesend, MANAGER

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
MGR	JOSE ALBERTO, DDS	1507 LYONS ROAD	D Add
		COCONUT CREEK, FL 33063	Remove
			B Change
			□ ∧dd
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			□ Remove
			C Change
			□ Remove
			Change
			Remove
			🗀 Change

	N/A	_
		-
		_
		_
		-
	<u>, , , , , , , , , , , , , , , , , , , </u>	
		7 0
) 130
		_ =
	,	
•		M II: 0
		-
		_
,		_
		_
,		
		_
fect n ef	ive date, if other than the date of filing:	05.0207 (3
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li-	sted as th
cun	sent's effective date on the Department of State's records.	
ro	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of:
	90th day after the record is filed.	iic. 01.
ted	December 8 2017	
.cu		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00