117000040127

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TO JUN 25 AN 8: 49

JUN 2 9 2017 Y SULKER



June 7, 2017

PRIESH PATEL 630 SABAL PALM RD MIAMI, FL 33137

SUBJECT: COULD BE WORSE, LLC

Ref. Number: L17000040127

We have received your document for COULD BE WORSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 017A00011491



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carlo Be W	Jorse, LLC
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L 7000 40	Company were filed on 2/20/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:
, and the second	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	<u>DRESS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg	sistered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	Idress here:
Name of New Registered Agent:	PRIESH PATEL
New Registered Office Address:	630 SABAN PARM 500 00
	Miani Enter Florida street address Florida 33137
	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

Page 1 of 3

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PRIESH K. PATEL	630 SABAL PAUM RD	Add
		630 SABAL PAUM RD MiAMI FL 33137	Remove
			Change
			Add
			□ Remove
	1 0		Change
<u> 1492</u>	Lona Smith	630 SABAL PALM RD Miami Pl 33137	Add
		Miami PL 33137	□ Remove
			Change
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nn effective date ote: If the dat	is listed, the date te inserted in this	the date of fili must be specific a s block does not e Department of	nd cannot be price meet the appl	cable statutory	or more than 90 of filing requirement	(optional) lays after filing.) ents, this date	Pursuant to	605.02 Tisted
		yed effective record is filed		ot an effecti	ve time, at 1	2:01 a.m.	on the ea	ırlier
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Page 3 of 3

Filing Fee: \$25.00