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SECRETARY OF STATE

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D. BRUCE APR 24 2017

COVER LETTER

Division of Corporations
SUBJECT: And Comfort 11C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John J Castano Name of Person
Art and Confort 11C
11790 SW 18 St ap+# 115
miami, Fl 33175 City/State and Zip Code
Thon J CM J D amail . Com Email address: (to be used for future annual report notification)
Thon J CM J D amail Com Her B E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Tohn T Castan at (305) 244 - 9434 37 Name of Person Area Code Daytime Telephone Number N
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ART and Con	n Ford LLC				
(Name of the Limited Liability (A Florida I	Company as it now app- imited Liability Company	ears on our record	<u>ls.</u>)		
		April 8	10/7		
The Articles of Organization for this Limited Liability Co	mpany were filed on	npoi o	2011	and as	signed
Florida document number <u>L 120000 45292</u>	<u>.</u> .	,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," th	e designation "LLC	or the abbrev	riation "L	L.C."
Enter new principal offices address, if applicable:			•.	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE	ESS)		A	2	
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Enter new mailing address, if applicable:			<u> </u>		<u>m</u>
(Mailing address MAY BE A POST OFFICE BOX)			الات بحد الارت التا	\triangleright	
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			- 57	-52	
B. If amending the registered agent and/or registered agent and/or the new registered office address.		on our record	s, <u>enter the</u>	name	of the n
Name of New Registered Agent:					
New Registered Office Address:	Enton L	Florida street addres	56		
	Enter F	ioi ida sii eet adal es	3 .3		
		, Fl	orida	71 67	
	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 = A	uthorized Member	'	
<u>Title</u>	Name	Address	Type of Action
MGR	Asterio E. Morales	17749 SW 140th Cart WANI ELA 33177	12 Add
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ective da n effective	ate, if other date is listed, tl	than the da ne date must be	te of filing specific and	cannot be p	rior to date	of filing or n	ore than 90	(opti d days after	o nal) filing.) l	Pursuant :	to 605.02
<u>te:</u> If the	date inserted	in this block	does not m	eet the app	olicable st	atutory filin	g requirem	ents, this	s date w	rill not b	e listed a
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Filing Fee: \$25.00