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COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: Tender LOUIN Name of Limite	G CAYE SIFI	ers LLC
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
	Name of Person Pany Oh Firm/Company	
_ 625 N	5-130 Street	
E-mail address: (to	City/State and Zip Code Code	[Dgmail, com
For further information concerning this matter, please call Name of Person	at (786) 786 Area Code Daytime	768-5855 Telephone Number
Enclosed is a check for the following amount:		C)
	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Coa The Centre of T 2415 N. Monroe	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 _

1 linder Lovins	CARE SIHARS LL	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>1700004683</u> 5	were filed on 2 38 (2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ty Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	625 NZ 1305 North Maui FI	Trect
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address , Florida	> 1
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code N

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 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>	Name	Address	Type of Action
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			Change
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fective date, if other that in effective date is listed, the dotte: If the date inserted in cument's effective date on	ate must be specific and this block does not n	l cannot be prior to date of fi neet the applicable statute	ling or more than 90 c	_ (optional) lays after filing.) Pents, this date wi	ursúánt to 605.020
ecord specifies a delayed e	ffective date, but not	an effective time, at 12:0)1 a.m. on the earli	er of: (b) The 9	0th day after th
is filed.					
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	- 1,000 - A	member or authorized repre	contative of aL.	<u> </u>	

Filing Fee: \$25.00