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S. WARREN JUL 0 5 2017

COVER LETTER



<u>CENTA GUTIELLE</u> at (<u>786)</u> <u>206</u> <u>3509</u> Name of Person at (<u>786</u>) <u>Daytime Telephone Number</u>

Enclosed is a check for the 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 radditional copy is enclosed)

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
то
ARTICLES OF ORGANIZATION
OF
FLOVIDCI HAVE FUNCTING & INVESTMENTS LUC (Name of the Limited Liability Company of it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Match 2017 and assigned
Florida document number $L17000047849$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Enter Florida street address	Registered Office Addres	Enter Florida street address
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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 Af this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lided lided lided in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

F.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u> <u>Address</u>	Type of Action
MGR	Educid Zambaru 15875 SW SU Terr	Add
	Miami, FL 33185	Kemove
		Change
MGR	Michael (or dova 15875 Shu 50 Ter	Add
	Migmi, FL 33185	Remove
		Change
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		_□ Change
		_D Add
		_D-Change
		≍ 🚅 _□ Remove

Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: <u>WW (22,2)</u> (optional) (If an effective date is listed, the date must be specific and caphot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 22 100 . 2017.		17 JUL	
- City		် <u>မ</u>	
Signature of a member or auther epresentative of a member	·	PH	0
<u>Celia Gutieriez</u>	<u></u>	- <u>.</u>	
Typed or printed name of signee	5.	÷	

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Filing Fee: \$25.00