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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Nicholas Colin Ross Wates Name of Person	
·	
Firm/Company	
15635 SW 16th St Address	
Pembrohe Pines FL 33027 City/State and Zip Code	
E-mail address: (to be used for fuller annual report notification)	
For further information concerning this matter, please call:	
Nicholas Colin Ross Water at (786) 302-3650 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  \$30.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	as it now appears or bility Company)	our record <u>s.</u> )		
The Articles of Organization for this Limited Liab Florida document number	55141. ving:			and assi ALLAHASSI	gned
A. If amending name, enter the new name of the				E P S	
The new name must be distinguishable and contain the work  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	ole:	Company, the desig	nation LLC of the	RIOA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	15635 Pembrok	sw 16 <sup>1</sup> e Pines,	5+ FL 33	02)
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on o	ur records, <u>ente</u>	r the name o	of the nev
Name of New Registered Agent:  New Registered Office Address:		sw 16	1	ares	
nen negisterea Office (tadiess).	Pembre		street address	330 6 Zip Code	27

#### 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>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00