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(Requestor's Name) (Address) (Address)	600297486416					
(City/State/Zip/Phone #)	04/04/1701011009 **25.00					
(Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	APR 05 2017 S. YOUNG HI 4 31					

COVER LETTER

Division of Corporations Keal+ rantum SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing, Please return all correspondence concerning this matter to the following: Sara Kincol Keal

INDWARD

amal COM Kn(E-mail address; (to be used for future annual report hotification)

For further information concerning this matter, please call:

.;;. 18 0.9 nla Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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TO:

Registration Section

🖾 \$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 (additional copy is enclosed) APR -4

PH L: 3

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

_ STREET/COURIER ADDRESS:

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

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August Ham Real House and an and assigned liability Company v. 2:e filed on		
he Articles of Organization for this Limited Liability Company v. 2re filed on	UF	
Iorida document number	(Name of the Lindied Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
his amendment is submitted to amend the following:	Organization for this Limited Liability Company wave filed on 31417 and assigned	
	ent number	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address, if applicable: Mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	nt is submitted to amend the following:	
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	g name, <u>enter the new name of the limited liability company here</u> :	
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
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Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
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Name of New Registered Agent:		new
New Registered Office Address:	it and/or the new registered office address here:	
New Registered Office Address:		
New Registered Office Address: Enter Florida street address	of New Registered Agent:	
Enter Florida street address	Registered Office Address:	
	Enter Florida street address	
, Florida		
City: Zip Code	City Zip Code	

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

•

Title	Name	Address	Type of Action
AMBR	Steve O. Heenandez	120708 SW 494 DRIVE	Add
		MIRAMAR, FL 3302)	Remove
			Change
			Add
			C Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	any and all Laufel Business.	
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	APR -4	ETANY OF
		STATE -
(If an el <u>Note:</u>	tive date, if other than the date of filing:	207 (3)(b) as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Dated	3 27/17 Signiture of a member authorized representative of a member	
	SQRA RINCU N Typed or printed name of signee	
	Page 3 of 3 Filing Fee: \$25.00 Penclosed mt	