P. 02

3/29/2017

Division of Corporations

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Electronic Filing Menu

Corporate Filing Menu

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		ı	COVER LETTER	
TO:	Registration Sec Division of Corp			
SUBJE	CT:	SEPENNS Name of Lim	God Liability Company	
The end	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Oscar	R. Rivera, ES	Q
		Siecfried,	RIVERA Hyman Le	RHER, et al.
		8211 Wes	t Broward BL	1d. #250
		Plantation	N Florida 33 City/State and Zip Code	3024
		ORIVE E-mail widress: (i	ROOSRHL-Law to be used for future annual report notific	Com.
For furt	ner information co	ncerning this matter, please ca	all:	
	OSCOR Name of	Rivera	at (954) 78/-	1/34 Telephone Number
Enclose	d is a check for the	following amount:		
• /	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is arctaged)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallshassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

15 ELENNSYL	VANIA LL	<u>C</u>		
(Name of the Limited Liability Com (A Plorida Limite	рилу as it now просать d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ny were filed on MF	tech 20,20	<u>17</u> and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company her	<u>B</u> :		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the ab	breviation "L.	J.C."
Enter new principal offices address, if applicable:				7.4.2
(Principal office address MUST BE A STREET ADDRESS)			72	
				1
Enter new mailing address, if applicable:			H 9	製品
(Mailing address MAY BE A POST OFFICE BOX)	,			in the second
Wiguing undress WAT BE A FOST OFFICE BUA)				<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		our records, <u>enter</u>	the name_	of the ne
New Registered Office Address:				
Total (registered) Office Addition.	Enter Florida	a street uddress		
		Florida		_
	Clty		Zip Code	
New Registored Agent's Signature, if changing Registered Agen	<u>ti</u>			
I hereby accept the appointment as registered agent and ag				

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

Page 1 of 3

MGR - Manager

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

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action FRANCISCO Hugslach 551 Fifth AVE Swite 1620 DAG Change 6542 S.W. 76 TERR. □ Change National Safe Harbor Exchanges MGR Le St 31 Floor MADO ☐ Remove Change DbA D □ Remove □ Change D Add □ Remove **DhChange**

. Ifan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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<u>Note:</u> docum he re	tive date, if other than the date of filing: [Decive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records. [Coard specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a 90th day after the record is filed.	I not be lis	sted as
Dated	March 28 ,2017		
	Decar E Rim	نقيت	
	Signature of a member or authorized representative of a member	7 X	
	Oscar R. Rivera	MAR 29	عاد المادية المادية المادية المادية
	Typed or printed name of signed	AM	2017 1017 1017
	Page 3 of 3	ç	S A
	Filing Fee: \$25.00	06	<u> </u>