L/7000	3626
(Requestor's Name) (Address) (Address)	600304770736
(City/State/Zip/Phone #)	10/24/1701001024 **55.00
(Document Number)	RIT OCT 23 P 3 16 MILANASSEE FLORIDA
CU Office Use Only	
2017 GET 23	F.CT 2

COVER LETTER



ARTICLES OF AMEND	MENT	
TO ARTICLES OF ORGANI	ZATION	
OF		Ι
Space (Name of the Limited Liability Company as it now a (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of	on $3/27/2017$ and assign	ned
Florida document number <u>L170000 6862</u> 6		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability compa</u>	iny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C	<u>}</u>
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)		
	Ep N F	
		רה
B. If amending the registered agent and/or registered office addre	ss on our records, enter the name of	the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
En	ter Florida street address	
	, Florida Zip Code	
City	Zap Code	1
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performan		
accept the obligations of my position as registered agent as provided fo	or in Chapter 605, F.S. Or. if this docume	
being filed to merely reflect a change in the registered office address, I		ļ
company has been notified in writing of this change.	1	

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:

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MGR = Manager AMBR = Authorized Member

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AMBK = AU	INOFIZED (MEMIDEF		
<u>Title</u>	Name	Address	Type of Action
5	Remilda Depractino	1631 NE 34 5 Troet	Add
		1631 NE 34th Street Pompanu Brach, FL 3300	Remove
			Change
			Add
			Remove
			Change
	<u> </u>		C Add
			Change
			🖸 Add
			E Remove
		ALLA ASSE	Remove
<u> </u>	<u> </u>		P Add
			Remove
			Change
			Add
			_ Change
		,,,,,,, _	

lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	ł
		- <u> </u>
		— į
		1
		; ;
Effe	tive date, if other than the date of filing: $(0/19/2017)$ (optional)	
<u>Note</u>	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b	io 605.0207 (3) e listed as the
docu	ment's effective date on the Department of State's records.	-71
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m: on the e	
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e e 90th day after the record is filed.	1751
		0
Date		
	I INCLUSION ASTUN	
	Signature of a member or authorized representative of a member	
	<u>Uncent</u> <u>Costello</u> Typed or printed name of signee	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

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