## 117000071572

(F	Requestor's Name)	
<u> </u>	Address)	-
<u> </u>	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	_
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K. SALY JUN 15 2017

## **COVER LETTER**

	istration Section ision of Corpor			
SUBJECT:		Ab(e:U) ( Name of Limb	OOS PO() LLC ted Liability Company	
The enclosed	l Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return	all corresponde	nce concerning this matter t	o the following:	
		ho	Name of Person	
		AL	Pirmy Company	SLLC
		11195 N	a) 7 ST Ac	> + 9
			(2 3.31) 2 City/State and Zip Code	
	_	YOUS MY F E-mail address: (10	FCO GMAIL COM	cation)
For further i	nformation conc	erning this matter, please ca	li:	
R.	Name of Pe	breu	at ( <u>305</u> ) <u>608</u> Area Code Daytime	- 80 H Telephone Number
Enclosed is	a check for the fo	ollowing amount:		
\$25.001	Filing Fee [	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encosed)	\$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 32344 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailnhassee, Fi. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUN 14 PM 2:22

Ords.)

Ords.)

Ords.)

Abreu T	Conspany as it now appears on our records.) la Limited Liability Company)
(Name of the Limited Liabil (A Floric	a Limited Liability Company)
The Articles of Organization for this Limited Liability (	Company were filed on and assigned
Florida document number <u>L170000 71S</u>	<u>72</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Fiorida street address
	Florida

## 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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Yasmiany Fernandz	11195 NW 7th ST	<b>X</b> Add
	,	Apt 9	□ Remove
		Miani R 33172	☐ Change
			Add
			☐ Remove
			- Dange
			Dange Fill Themas 2: 22
			SSETTER T
			Dighange ?
			Add
			Remove
			Change
			□ Remove
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			CI CL.

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an ci Note:	tive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	6/S . 2017 .

Page 3 of 3

Typed or printed name of signed

Filing Fee: \$25.00