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(City/St	ate/Zip/Phon	e #)
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17 MAY -1 PM 4: 13
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

S Warren MAY - 3 2017

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AFro Or () Name of Lim	1 C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	sha	alirah Butts	
	^	Afra Drind LL	<u>c</u>
	851 S.S	tate Rd 434 S	te 1070-319
	Altamo	onte Springs City/State and Zip Code	FL 32714
	E-mail address: (oprint a nuttorio boused for future annual report notif	ok. Com
For further information of	concerning this matter, please ca	atl:	
Shakiy Name o	ah Butts	at (321) 310 - Area Code Daytime	7911 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fec	☐ \$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

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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>170000733</u> 7	were filed on $3/31/207$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."	
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	10 / 13
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	· · · · · · · · · · · · · · · · · · ·
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peteing filed to merely reflect a change in the registered office acompany has been notified in writing of this change.	rovided for in Chapter 605, F.S. Or, A His document is 🦟
If Chan	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	NIA		Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
		4-1-00-1-00-00-00-00-00-00-00-00-00-00-00	Remove
			Change
		- 	Remove .
			SEE - I
			P Add Remove

		N/A				

n effective date is lis o <mark>te:</mark> If the date ins	ther than the date sted, the date must be spi certed in this block do date on the Departm	ecific and cannot be proper not meet the app	ior to date of filing or mo licable statutory filing	(option or than 90 days after grequirements, this	filing.) Pursuant t	to 605.02 e listed
	es a delayed effe ofter the record is		not an effective ti	ime, at 12:01 a	i.m. on the e	earlier
	1 26		P.		17 HAY SECKLI TALLAN	-1 1
ted PPCi	Nol1	1/14			- T	

Page 3 of 3

Filing Fee: \$25.00