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APR 12 2017 S. YOUNG

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	dence concerning this matter	to the following:	,	
	Angel	Portillo. Name of Person		
	,	Services UC. Firm/Company		
		SW 139 Tellace.		
	Mira	WCW FL 33029. City/State and Zip Code		SECRETA TALL'AHA
	E-mail address: (to be used for future annual report notifi	cation)	A I ASS
For further information co	ncerning this matter, please ca	all:		PH
Carolino Name of	u Moncada Person		0636. Telephone Number	PM 4: 02
Enclosed is a check for the	e 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 Certificate o Certified Co (additional cop	of Status & ppy

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

	exorces LLC.
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	•
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 "Lin	nited 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:	SECRET 17 APF
(Mailing address MAY BE A POST OFFICE BOX)	- 35.2F
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new

Name of New Registered Agent:	
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 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 or removed from our records:</u>

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
MGR	Angel Potillo	2950 Sw 189 tenace,	Add
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Filing Fee: \$25.00