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2011 HAY -1 PH 2: 39 Secretary of State

K. SALY MAY - 3 2017

COVER LETTER

TO: Régistration Secti Division of Corpo			*		
SUBJECT: Countertop High Evolution LLC. Name of United Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.					
	Jose	A. Sacz			
		Firm/Company			
	PO Box	152923			
	Tampa	152923 Address , FL 33484			
City/State and Zip Code					
-	0505100 E-mail address: (to	ge 18592@ amail. con	Ation)		
For further information cond	erning this matter, please cal	II:			
Jose A. S	gez_	at (813) 922-94 Area Code Daytime T	H0O		
Name of Pe	rson	Area Code Daytime T	elephone Number		
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	□ \$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 (additional copy is enclosed)		

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

	10	F// m
ARTI	CLES OF ORGANIZATION	2011
	OF	MAY
O_{-}	, , , , , , , , , , , , , , , , , , , 	LLC TALLAHASSY OF S
Counter.	too High Evolution	LLC ALLAHASAY OF
(Name of the Limite	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
		1 ON ANIT
The Articles of Organization for this Limited Lia	ibility Company were filed on	24,20 and assigned
Florida document number 10009	0864 L1700009080	٠./
		<i>0</i>
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
,		
The new name must be distinguishable and contain the wo	ords "Limited Lightlity Company" the designation	"I I C" or the abbreviation "I I C"
		. Dec of the approximent E.E.C.
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
IMatting uturess MAT BE ATOST OFFICE I	<u></u>	
		-
B. If amending the registered agent and/o	n undistant office allows as an are	da
B. If amending the registered agent and/o registered agent and/or the new registered off		cords, enter the name of the new
	·	
Nome of New Desistered Assets	Trace 1. Spaz	
Name of New Registered Agent:	de a mez	
New Registered Office Address:	8003 N 10TH ST	
	Enter Florida street	address
	lampa	.Florida 33604
	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

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

AMBR = Authorized Member Title **Address Type of Action Name** Jose A Saez MGR 1822 E OKALUOSA AVE KAdd Tampa F1 33604 □ Remove ☐ Change Sulemy furales AMBR Y003 N 10TH ST _¤.Add □ Remove □ Change ☐ Add ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. dr authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00