## 11700011543

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600300339186

08/15/17--01021--024 ++25.00

2017 JUN 15 PK 2: 48 SCONDIAKY OF STATE FALLAHASSEEL FLORID:

K. SALY JUN 1 6 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOYNA Ramos Course
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Grossman
Firm/Company
8940 NOrth Kendall Drive
MIAMI, FI 33176
TO COM City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TCHN Grossman at (305) 666 2004  Name of Person at (305) Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_{\subset} \\$25.00 \text{ Filing Fee} \sum_{\subset} \\$30.00 \text{ Filing Fee} \\$Certificate of Status} \sum_{\subset} \\$55.00 \text{ Filing Fee} \\$Certificate Opy \((\text{cardinonal copy is enclosed})\)  \$\subseteq  \text{S60,00 Filing Fee}  \subseteq  \text{Certificate of Status} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ (\text{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 TO ARTICLES OF ORGANIZATION OF

2017 SUN 15 PH 2: 48

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Limi	ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)	(ds.)
The Articles of Organization for this Limited L. Florida document number L 170011	lability Company were filed on MOV 19 1543.	207 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	the limited liability company here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the designation "LL	C" or the abbreviation "L.1C."
Enter new principal offices address, if applie	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered o		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		_
New Registered Office Address:	7800 Red Road  Enter Florida street addrs	Suite 305
	South Miami . F	Norida 33143

## 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rachel Sarshala	M 8940 North Kendall i	) IVC Add
	OTR/MA	MIami, FL 33176	Remove
			Change
			☐ Remove
		<del></del>	Change
			201 AHASTIC
			The hange
			□ Remove
			□ Change
			□ Remove
			Change
			□ Add
			Remove
			Change

-	
<u> </u>	
	THE THE TENT OF TH
	F
	77. 18
	<del></del>
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applica ocument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (able statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of:
nted <u>0 /8 /17</u> .	·
-//	orized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00