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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

SUBJECT:	114 Car 2	ercuzs LLC	. <u> </u>
	Name of Limit	led Liábility Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Arisbe	1 Gunzale 2-	
	Sturry	Car Capany	LLC
	1693 SL	Polymers SA	
	Port S	H WCIE, FL City/State and Zip Code	34484.
	Strate of Control	(X (c) 3 (c) C(1) (c)) be used for future andual report notifi	COL-1 ·
For further information co	ncerning this matter, please ca	ıll:	
Arisbel Name of	GUNZULIZ Person	at $(\frac{2}{2})$ Area Code Daytime	2063 - Telephone Number
Enclosed is a check for the	e following 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:

TO:

Registration Section Division of Corporations

> 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 Company as it now appears on (A Florida Limited Liability Company)	
(<u>Nameof the Limited Liability Company as it now appears on (</u> (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\underline{-5}$. Florida document number $\underline{L170CC113115}$.	$\frac{ 7 3}{20 7 }$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(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 office address on our registered agent and/or the new registered office address here:	r records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida:	oreast or livrey
Enter Florida :	7.
Ciw	, Florida Zips ode

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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
Title MC-E	PRISTEL CONTAKE	146 SE COCKRO BUFE	749 GU Add
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effective date is listed, the date meet. If the date inserted in this nument's effective date on the	block does not meet the	applicable statutory (or more than 90 day Iling requirement	s after filing.) Pursu s, this date will no	ant to 605 of be liste
record specifies a delay he 90th day after the re	ed effective date, becord is filed.	out not an effectiv	e time, at 12:	.01 a.m. on th	e earlie
ed Luy 7	. 20	(17)			
	Signature of a member	or authorized represent	zi itive of a member		
	-	/			

Page 3 of 3

Filing Fee: \$25.00