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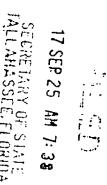
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PICK-UP WAIT	MAIL !
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Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

JECT:		2.11:122.2	
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	Claudia E Reyes		
		Name of Person	
	CBS Financial CPA		
		Firm/Company	
	6075 W Commercial Blvd		
		Address	
	Tamarac, FL 33319		
		City/State and Zip Code	
	claudia@cbsfinancialcpa.co	•	
	E-mail address: (to be used for future annual report notif	ication)
further information o	concerning this matter, please c	all:	
idia E Reyes	1	954 724-4141	
	of Person	at () Area Code Daytime	e Telephone Number
ased is a shock for t	he following amount:		
		T \$55 00 Wiling Rose &	□ \$60.00 Filing Fee
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	!	(additional copy is enclosed)	Certified Copy (additional copy is enclose

MAILING ADDRESS:

TO:

Registration Section

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

npany as it now appears on our records.) ed Liability Company)
any were filed on $\frac{05/24/2017}{}$ and assigned
ability company here:
ability Company," the designation "LLC" or the abbreviation "L.L.C."
N/A
N/A
office address on our records, enter the name of the pere:
SE SE
ASSE 25 100
二年 第 門
Enter Florida street address $0 > \omega$
City Florida Cr: 45

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

<u>Title</u>	<u>Name</u>		Address	Type of Action
Мдт	Palmieri, Dorina		6075 W Commercial Blvd	= Add
			Tamarac, FL 33319	Remove
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ffective date, if other than the date of filing:		(optional)	
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.) Pursua	nt to 605,020
<u>fote:</u> If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records	able statutory filing requir	ements, this date will not	. De fisieu a
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, a	et 12:01 a.m. on the	earlier o
September 20 2017			
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The state of the s	orized representative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00