117000116636

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400300326804

07/31/17--01026--004 **25.00

DIVISION OF CONTURNATIONS

17 JUL31 PH 2:31

O SHIVIMONS

COVER LETTER

TO:	Registration Se Division of Cor			
CHIN III		AIDS, LLC.		
SUBJE	.CT:	Name of Limi	ited Liability Company	
			1	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ELIZETE M. WATZKO	1	
			Name of Person	
		EARLY MAIDS, LLC.		
			Firm/Company	* · ** ***
		1515 PINE AVENUE	1	
			Address	
		ORLANDO, FL 32824		
		·····	City/State and Zip/Code	
		ewatzko@earlymaids.com	to be used for future annual repor	(walifestian)
For fur	ther information o	concerning this matter, please ca	1	, invariant of the second of t
		-	407 953-993	26
ELIZETE M WATZKO Name of Person		at (+)	sytime Telephone Number	
	Name	n reison	Alea Code 176	ytime Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$23	5.00 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)
			1	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |

EARLY MAIDS,LLC.		<u>_</u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.17000116636		and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	"LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to lact 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>	itle Name Address		Type of Action		
VP/MGR	LUIENE MAIA	6120 Raleigh Street, # 1403 Orlando, FL 32835	_		
		Offando, 11 J20J3			
		i	Remove		
					
			Change		
VP	EDELMIRA M DIAZ		—		
		223 N HUDSON STREET	Add		
		ORLANDO, FL 32824	■ Remove		
					
			Change		
			□ Add		
			Remove		
			Change		
			PINISPA OF GENERAL 2: 31		
			Resove T		
			NOT GENERAL TO		
			GChange		
			- in the second		
			—□:Add ω		
			Remove		
		·			
			Change		
			ПМА		
		 ;	□ Add		
			Remove		
			☐ Change		

		1		
		1		
				
······································				
_				
			·	
				9 3
		!	-, 	JUN OF
				<u> </u>
				DIVISION OF CORE CERTIONS
				ئۆ. ئى
		•		OKS
				
ive date, if other than the date of lective date is listed, the date must be specified the date inserted in this block does near's effective date on the Department.	ific and cannot be pri s not meet the appl	or to date of filing or more		iling.) Pursuant to 60
cord specifies a delayed effec 90th day after the record is		not an effective tir	ne, at 12:01 a.	m. on the earli
MT 25 2017	<u> </u>			
67-25 2017 Leghnwattiz				

Page 3 of 3

Filing Fee: \$25.00