## 117000126729

(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



900302555349

08/24/17--01007--015 \*+25.00

17 AUG 24 AM II: 49

AU3 27 2017 Y CULKER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited )	Jerhon Liability Compan Florida Limited L	NCS, LLC ovas it now appears on lability Company)	our records.)		
The Articles of Organization for this Limited Liabi		were filed on	109/201	2 and assigned	
This amendment is submitted to amend the following	_			17 400	
A. If amending name, enter the new name of the				AUG 2	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the design	nation "LLC" or the a	boreviation "L.L.C."	
Enter new principal offices address, if applicabl ( <u>Principal office address MUST BE A STREET A</u>	e:	3810 Suite Orlan	Commo	29819	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>'X)</u>	8810 50,76 Ovlas	Commo	dily Cr- 32819	•
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter</u>	the name of the n	<u>iev</u>
Name of New Registered Agent:					
New Registered Office Address:	<u>8310</u>	Commodi Enter Florida:	street address	Suite 27	
-	Orla	rdo City	, Florida	Suite 27 32819 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

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 Nuvia Trujillo de García 6032 Village CI. DAdd
Change Of address Orlands, FL 32822 DRemove AMBR \_\_\_\_ Change □ Add ☐ Remove ☐ Change \_\_\_\_ Add ☐ Remove ☐ Change Q ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove 

	·				چگر ا
					_
<del></del>				/	_
			/-		_
1,717-7-1					_
			/		_
			<u> </u>		<del></del>
					-
				<u> </u>	_
W		<del>/</del>			r
			· · · · · · · · · · · · · · · · · · ·	C	<u>.</u> >
<del> </del>				E	
				07.1. <b>4</b>	-
		N			_
					_
neffective date is listed. <u>te:</u> If the date inserte	r than the date of filing the date must be specific and ed in this block does not me te on the Department of St	cannot be prior to date of fifineet the applicable statutor	(optio g or more than 90 days after y filing requirements, this	filing.) Pursuant to 60	)5.02( sted a
	a delayed effective da or the record is filed.			.m. on the ear	lier o
ed8	Signature of a m	2017			
	· · · · · · · · · · · · · · · · · · ·	/// <i>M</i> ///	notion of a mumbus		

Page 3 of 3

Filing Fee: \$25.00