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2017 JUL 31 PM 2: 21

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COVER LETTER

то:	Registration Secti Division of Corpo				
SUBJE	ест: <u>G0С</u>	D SON EN	TEPTAIN ted Liability Company	JMENT	LLC
			1		
The en	closed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please	return all correspond	ence concerning this matter t	o the following:		
		DAVID	BEZWS	02	
			Name of Person		
			Firm/Company		
		8950 SW X	4th CT. 1	Suite 18	13
			Address		
		MIAMI T	-LO-RIDA	33 156	<u> </u>
		MiAMI, To abercusor E-mail address: (4	City/State and Zip C	ode ode	
		E-mail address: (to	be used for future and	nual report notificati	ion)
For fur	ther information cond	terning this matter, please ca	II:		
DA	VID BERC	hozu	at (<u>305</u>) Area Code	640-1	0018
	:Name of re	ASOII	Area Code	Daytime Tel	tepnone Number
Enclose	ed is a check for the f	following amount:			
⊠ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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 JUL 31 PH 2: 21

RELANASSEE, FLORID

(Name of the Limited	Liability Company as	tinow appears on ou	r records.)	HASSE FIRM
		1	ı	r urin. T
The Articles of Organization for this Limited Liab Florida document number 1600 130	ility Company wer 2193	e filed on <u>Ob</u>	116 201	† and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability	company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability C	ompany," the designati	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:		_	
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>			
		<u> </u>		
Enter new mailing address, if applicable:			····	·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>		
		 		
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	DAVID	BERW	SON	
New Registered Office Address:		Enter Florida stre	et address	
		City	, Florida	Zin 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 3

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
MGZ	ARTHUR BROWN		Add
			Remove
		12055 42 MANOR # 111, MIAMI, FL 33025	Change
			Add
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ffective date, if other the an effective date is listed, the ote: If the date inserted in ocument's effective date o	date must be specific and a this block does not n	f cannot be prior to d neet the applicable	ate of filing or more the statutory filing requ	(optional) un 90 days after filing.) Pu iirements, this date will	rsuant to 605,0207 not be listed as
e record specifies a d The 90th day after th	elayed effective d he record is filed.	date, but not a	n effective time,	at 12:01 a.m. on	the earlier of
ated July 2	<u>8</u>	12017			
	Signature of a	member or authorize	d representative of a n	nember	_
	menorare con a	in mage of Language			

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