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DIVISION OF CONFUENTIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Cristal Reynoso Name of Person
Firm/Company
919 S. 25th St. Apt. 9-202 Address
Forzt Pierce FL 34947 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cristal Regnoso at (772) 595-2104 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$\$S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcup \$

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

(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	imited liability company here: Limited Liability Company," the designation "LLC" or the abbreviation "LEC" DRESS)
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	, Florida
	City ' 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cristal Reynoso	919 5.250 St. Aptg-203	Ø Add
		FORT Picru, FL, 34947	□ Remove
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fan effe <mark>Note:</mark> T	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ated _	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00