117000/68106

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

Office Use Only



500308952345

02/12/18--01033--018 **30.00



D. SCOTT FEB 1 3 2018

COVER LETTER

TO:

Registration Section

 Division of Cor 	porations		
SUBJECT: 5/03	SAL TOTAL OF LIM	Sefat & Title	<u>lle</u>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEAN GOSAE 1925 N HIAMI (A JEANNE E-mail address:	Name of Person Let Callada Firm/Company Address City/State and Zip Code HE & GOBAL M to be used for future annual report notifi	STHECCC 4 Sorte 319 CALCELARTIME CONTENTION
For further information co	oncerning this matter, please ca	all:	. U C
JEANAN Name o	EHE PASHANE Person	Area Code Daytime	Yelephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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)
Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5/0BSETTERE	SINETIHE, CCC
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on AUGUS + 7, 2017 and assigned
Florida document number 4/7000/68	9106
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
K/L.	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: <u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)
	// = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
B. If amending the registered agent and/or	registered office address on our records, enter the name-of the new
registered agent and/or the new registered office	
Name of New Registered Agent:	N/ 4
New Registered Office Address:	4/1
	Entér Florida street address
-	City Florida Zip Code
	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>	Name	Address	Type of Action
Hiragel	JEHNIVEHE CASPANES	4	
			A Kemove
			☐ Change
			☐ Remove
			☐ Change
			🗆 Add
			Remove
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
	·		□ Add
			Remove
			Change

7-	=		1 m Ci Cl		0,0	/- <u>7</u> c)	, 4	1-6-		-
_/4-	HOVE		HN KIZ	://C	7777	HES.	at A			
		4410	Ter.				<u>_</u>			
	/									_
									···	-
							<u> </u>			-
										_
					•				-	-
										-
										_
								<u> </u>	1010	_
								 	- EB	_ 12002
							<u> </u>			- A.
									~)	
						. =			- 	- Ę,
									<u></u>	_
									ر _ـ ـــــــــــــــــــــــــــــــــــ	_
an effective date ocument's effe	if other than is listed, the date the inserted in this ective date on the ecifies a dela	is block does in Department	c and cannot the not meet the of State's re	be prior to day applicable s ecords.	t of filing or i	nore than 90 ng requirem	ents, this	filing.) Pur date will	not be lis	ted a
The 90th d	ay after the	record is fil	ed.	<i>(</i>						
	ne Ary	gya,	<u>ر</u>	<u> </u>	x ()				
ated Es	_ / /			- /1		-				
ated <u>E3</u>		Signature	velle of a member of	or authorized	representativ	c of a member	er .			

Page 3 of 3

Filing Fee: \$25.00