## L17000/68/14

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	ocument Number)	1		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			





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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

No More	. Debt. 11c	
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L/7000/68//</u>	Tity Company were filed on $8/7/20(7)$ and assigned $4$ .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L."."	-
Enter new principal offices address, if applicable		<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	. · -
		;
Enter new mailing address, if applicable:	72: O	_
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the address here:	new
Name of New Registered Agent:		_
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	_
	Enter Florida street address	
_	. Florida City Zip Code	_
New Registered Agent's Signature, if changing Regi	,	
iven registered Agent's Signature, it changing Regi	SICICU AZCHI.	

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			
MGR	Luisa Abreu	15399 61ST PL.N	Add			
		15399 61 <sup>ST</sup> PL.N Loxahatchee, FL 334	470 Remove			
			□ Change			
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(If an e <u>Note</u>	tive date, if other than the diffective date is listed, the date must be. If the date inserted in this blochent's effective date on the Dep	e specific and ca k does not me	annot be prior t et the applica			an 90 days a			
	cord specifies a delayed of 90th day after the recor		te, but not	an effecti	ve time	, at 12:0	1 a.m.	on the ea	rlier of:
Dated	18th day of 1	lecon ber	2017	<del>-</del> /-					
	S	gnature of a me	ember or author	rized represent	ative of a	nember			

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Filing Fee: \$25.00