# L17000171112

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## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT:	Minute 1	MID CLEAP ted Liability Company	iel UC	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
		Austy Mile Name of Person	R	
		Firm/Company		
	357	ROLANDO Address	DR.	
	Palm '	HARBOR T	<u>-1 34183</u>	
	RUST B-mail address: (t	obe used for future annual re	OyAhoo · COM port notification)	
For further information con-	cerning this matter, please ca	all:		
Rush Name of P	y Millen	at ( <u>G</u> 3)	Daytime Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	60.00 Filing Fee. Certificate of State Sed) Certified Copy (additional copy is enc	

#### 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 Liability Company (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  Minute MAID (1) eAr  The new name must be distinguishable and contain the words "Limited Liability".	VINCE SERVICE US
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TANG 15 MAIL 28
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
Now Registered Agent's Signature, if changing Registered Agent:	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other t (If an effective date is listed, the Note: If the date inserted document's effective date	in this block does no	of meet the applicable	date of filing or more that e statutory filing requ	(optional) in 90 days after filing irements, this date	) Pursuant to 605.0207 (3 will not be listed as th
the record specifies a ) The 90th day after	delayed effective the record is file	e date, but not a d.	in effective time,	at 12:01 a.m.	on the earlier of:
Dated QuOJUS	t 11 cm	2017	<u> </u>		
	Signature o	ing // // // // (algorithmic)	red representative of a n	nember	
	) Signature 0	. (-1	- <b>t</b>		

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Filing Fee: \$25.00