## 117000180940

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

Office Use Only



000303036710

09/01/17--01022--006 \*\*100.00

17 SEP -1 PH 12: 57

PH 13: 57

O STIVIMONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our recornited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Comp.  Florida document number L17000180940	pany were filed on 8/24/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	17 SEP
		SEP -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		PN 12: 59
	<del></del>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	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	PEREZ,MILTON F	3706 GREENCREST COURT	<b>=</b> Add
		KISSIMMEE, FLORIDA 34746	Remove
			Change
			Remove
			Remove 5
			□ Change
			☐ Remove
			☐ Change
<del></del>			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	0 2 1
	15, 56
	To the second se
	· · · · · · · · · · · · · · · · · · ·
	•
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ed AUGUST 29 2017	
HP	
Signature of a member or authorized represen	teritye of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00