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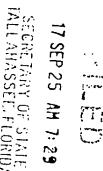
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(Requesto	or's Name)	
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(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Docume	nt Number)	·:
Certified Copies	Certificates of	Status
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COVER LETTER

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Division of Corporations
SUBJECT: MIChalle Farnandez Outline Wire LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Fernandez Name of Person Outine Wire CC Firm/Company
8752 SW 12 ST Apt #106
Miami R 33174 City/State and Zip Code Nominative 7390 @ amail. com E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Michelle Fernandez at (786) 2265027 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

1

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

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
JML Sunshine Landso	caping LLC
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	iss)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D If amonding the variational court and/or and/or	
registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ss here:
	~
Name of New Registered Agent:	A Section 1
New Registered Office Address:	CRE SE
	Enter Florida street address
	Florida To
	City Tap Conte
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com	d agree to act in this capacity. I further agree to comply with the uplete performance of my duties, and I am familiar with and
accept the obligations of my position as registered ager	nt as provided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered a company has been notified in writing of this change.	office address, I hereby confirm that the limited liability
, . , ,	

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
			☐ Remove
			☐ Change
		Remove	
			Change
			Add
			□ Remove
			Change
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		□ Remove	
			Change
	 		
			□ Remove
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			Remove
			Change

	
_	"Please 1 Just need to uppake My
_	Buiness Name 1 DO NOT WANT Michelle Fernan-
Ċ	les Outline wire UC 1 Need to change it too
	"JML Sunshine landscaping LLC"
_	O TO CAROLINIA INFINITION CONTRACTOR CONTRAC
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	>
(If an effe <u>Note:</u> I docume	we date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	09/22/2017
-	All II
	Signature of a member or authorized representative of a member
	Michelle Fevinance 2 Typed or printed name of signee

D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00