117000216819

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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10/81/17--01017--012 **25.00



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation			
su вје ст: <u>\$</u>	AMILE) Service	SLLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Arr	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	<u> ISANS</u>	Name of Person	
		Firm Company	
	11501 Ldx	RESIDE DEINE OF	pt 6109
		TL 33178 City State and Zip Code	
-	Dedroso Z	20112011@hotHor	COH (cation)
For further information conc	erning this matter, please cal	D :	
PEG1050 - 20 Name of Pe		COHat (The) 557?	3303 Telephone Number
Enclosed is a check for the f	ollowing amount:		
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is maked)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Samuel Spavices 11	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L1700216819</u> .	I on October 19 2017 and assigned
• • • • • • • • • • • • • • • • • • • •	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	<u>pany here</u> :
N)A-	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.I_C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	P.O. Bern
	. 0
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	IX :
Maning and CSF WITT DE A TOST (ATTICL HOA)	
	0
B. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
ra	nier v tornua sirvet agaress
	, Florida
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>	Address	Type of Action
HER	Redro Rosales	11501 Lateside Daile Dack TL 33178	07 6109.
			☐ Remove
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			☐ Remove
			D Change

,	Article IV	
Ang	and All Lawful Business.	
		
	ust be specific and cannot be prior to date of filing or more than 90 days af block does not meet the applicable statutory filing requirements, t	
the record specifies a delaye) The 90th day after the re	ed effective date, but not an effective time, at 12:01 cord is filed.	a.m. on the earlier of
Dated Ottober 2		*· 2817
	I sped or printed name of signer	000
	Page 3 of 3	й 3: 20

Filing Fee: \$25.00