117000 222580

(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:
Special morrous to 1 ming of meets

Office Use Only



900337515139

12/05/19--01006--012 **25.00

SECRETARY OF STATE

OSON 6 - HAL

COVER LETTER

TO: Registration Se Division of Cor	porations		
· ·	01.		
SUBJECT:	1/9tone vara	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stade		
	Steplen G,	Name of Person	
		rane or regon	,
		38 (2)	
		Firm/Company	
	13095	nn 13th St	
		Address	
	Perbicke P.	City/State and Zip Code Cero 1 & g ~ Q)
		City/State and Zip Code	
	Stephenguer	irero 18 anas. (m)	n
	E-mail address: (t	o be used for future annual report notif	ication)
further information c	oncerning this matter, please ca	ıll:	
5+001	6	. 9 .4 . 48 7 - (5 017
Name o	f Person	at (957) 483 - C	e Telephone Number
losed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	verle	نار			
(A)	Fiorida Limited L	iability Company)			
the Articles of Organization for this Limited Liab dorida document number 4170033 his amendment is submitted to amend the follow. If amending name, enter the new name of the following name in the new name of the following name in the new name of the following name in the following name in the new name of the following name in t	ility Company v シ <u>ろらり</u> ing:	were filed on <u>/</u>	0/26/201	2029 DEC -5 SEPRETARY ALLAHA	gned ""
. If amending name, enter the new name of the	ne limited liabi	lity company he	re:	SSEE S SEE SEE SEE SEE SEE SEE SEE SEE	
nter new principal offices address, if applicab Principal office address MUST BE A STREET	le: 4 <i>DDRESS</i>)	2:40 °	5~ 8 m	ALR	
iter new mailing address, if applicable: <u>Iailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>	240 S M.an: F	- 5ct A	-v Q	
If amending the registered agent and/or registered office address l		ddress on our re	cords, <u>enter the n</u>	ame of the new	<u>registered</u>
Name of New Registered Agent:	Shield	is Fred	rero Lac		
New Registered Office Address:	8.201	Peters R	D Stc	1000	
			, Florida		
Registered Agent's Signature, if changing Reg		City		гір Соде	

Registered Agent's Signature, it changing Registered Agent.

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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>itle</u>	<u>Name</u>	Address	Type of Action
16R	Steplen Gurrero	13501 old Sher: Log 54	🗆 Add
		Si Ranches F1	⊠Remove
			Change
1 G-R	The Greerero	8201 Fetas PD Site	2 0Add
	Group LLC	8201 Fetas PD Site 1000 Plantation, F1 33304	□Remove
		TAL	Change Change Add
		A) AS	da Add
			₽ Ø Remo
			5 □Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			[] Add
			□Remove
			□ Change

Page 2 of 3

D.

			
	<u> </u>		
			
		_	_
	· · · · · · · · · · · · · · · · · · ·		
	ربن ۲۲ ب		
	TALL	30 E	17
	£2		- capti
	HASSEE,	<u> </u>	
	m =	3	_Ü
	7.7		
	· ·	<u>-</u>	_
	<u> </u>		
tive date, if other than the date of filing: Therefore date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)		
ffective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing require	i 90 days after filing.) I rements, this date w	ursuant to dill not be l	605.0207 listed as
nent's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, a e 90th day after the record is filed.	at 12:01 a.m. or	n the ea	rlier of
a sour day arter the record is med.			
Decemer of 2019.			
Signature of a member or authorized representative of a me			
	amber	 	
All Character of the accomplished and an accomplished and accomplished accomplished and accomplished and accomplished and accomplished accomplished and accomplished and accomplished and accomplished accomplished and accomplished and accomplished and accomplishe			