## L170002333856

(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



000339868030

02/08/20--01018--007 \*<del>\*</del>20.00

SEDRE FART OF LIME ALLAHASSEF, FLORIO/

AY-4 ANIO:52

## **COVER LETTER**

то:	Registration Sect Division of Corpo		
SUBJE	СТ:	Name of Limited Liability Company	
The end	closed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please r	eturn all correspond	dence concerning this matter to the following:	
		MALCELA ARMOZA  WARR RAMOS HOLDINGS V  Name of Person	Mác
		WARD RAMOS HOIDIN	165,LLC
		8176 JOSEFA WAY	
		NAPLES F13Y  City/State and Zip Code  KATZARMOZA & GMAIL.  E-mail address: (to be used for future annual report notification)	114_
		E-mail address: (to be used for future annual report notification)	Com
For furt	her information con	neerning this matter, please call:	
(	MARCEL Name of F	Person at (347) 203 9 Area Code Daytime Teleph	576 one Number
Enclose	ed is a check for the	following amount:	
□ \$2:	5.00 Filing Fee	Z \$30.00 Filing Fee & S\$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAKI) KAWOS	HOLDINGS LL	<u>~</u>
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u> </u>	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable:	ESTHER NATE	ALIA ARMOZA
(Principal office address MUST BE A STREET ADDRESS)	Doylestown P	Allasan Pike
Enter new mailing address, if applicable:		OZO HAY
(Mailing address MAY BE A POST OFFICE BOX)		(3):
		m ·
B. If amending the registered agent and/or registered office	and trace on our records, enter the re-	D D D D D D D D D D D D D D D D D D D
agent and/or the new registered office address here:	address on our records, enter the na	The new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F1,	
	, Florida _	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>	Name	Address	Type of Action
AMBL	ESTher NaTalia	SISY Point Pleasant Pik. Doylestown, PA 189-2	<u>€</u> <b>X</b> Add
			□Remove
			子(DCh) Chinge
<del></del>		<del></del>	Charles I Lories
			ERennive
			Charge 5
			🗆 Add
			□Remove
		<del> </del>	🗆 Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

			<del>-</del>		_	
					·	
	<del></del>		<u></u>	·		
					<del></del>	
						020 HAY
					<u> </u>	AY
					SSE .	<del>_</del>
				. <u>-</u>	<u></u>	<del></del>
					<u> </u>	AH 10: 55
						<u>.</u> :
			<u> </u>		-	
ective date, if other than the date of filing:				(optional)		
effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the	t be prior to a	date of filing or le statutory fi	more than 90 da	ys after filing. its, this date	) Pursuan will not	it to 605.0 he listed
rument's effective date on the Department of State's		·	- ,			
cord specifies a delayed effective date, but not an eff	Gastiana (lasa)	. a. 12/11	thu norlin	ostocky Th	a onda d	as after
s filed.			i. on the carrie	(1). (1)	.c ///// d	ay arter
4/19 2	7					
ed	060					
ted 1/29 . 2	$\sim$ $/$					

Filing Fee: \$25.00