118000003736

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER MAR 2 3 2018

COVER LETTER

TO: Registration S Division of Co			
OTTO ED OD	ax & Insurance LLC		
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Junior E Bien-Aime		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Priority Tax & Insurance L	LC	
	4	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2121 NW 63rd Ave		
		Address	
	Sunrise FL 33313		
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , , ,
	ebtristar@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Junior E Bien-Aime		954 479-0899 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

1 1

1/2012/ty lax and		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000003736	were filed on 01/04/2018	and assigned
This amendment is submitted to amend the following:		
this amendment is shormited to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab-	breviation "L.L.C."
Enter new principal offices address, if applicable:	7881 W Sample Rd Suite B1	,
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs FL 33065	- 50
		89 FE
Enter new mailing address, if applicable:	2121 NW 63rd Ave	AHASS
(Mailing address MAY BE A POST OFFICE BOX)	Sunrise FL 33313	3 mg
		1:51AI
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
The second secon	<u>r</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7: (1.)
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

0.

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
MGR	Vladimir J Coles	7881 W Sample Rd Suite B1	X Add
		Coral Springs FL 33065	□ P
			Change
		****	Add
			Remove
			☐ Change
			Add
		4	□ Remove
			Change
			Add
			□ Remove
			□ Change
	74.4.4.		□ Add
			☐ Remove
			Change
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			Remove
			☐ Change

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Filing Fee: \$25.00