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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS CHOICE, INC.

Account Number : I20010000004

Phone : (954)782-1829 Fax Number : (954)697-0245

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SAMPLE A-12, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAMPLE A-12, LLC ¥, (Name of the Limited Liability Company as it now appears on our records.)
(A Plerido Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/05/2018 and assigned Florida document number <u>L</u>18000030968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address in our records, enter the name of the new registered agent and/or the new registered office address here: CAROLA BEEN Name of New Registered Agent: 411 NORTH NEW RIVER DRIVE EAST, UNIT #18052 New Registered Office Address: Enter Florida stroet address \_\_\_, Florida 33301 Zin Cale FT. LAUDERDALE

## 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Reg stered 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
	-		Change
			□Remove
	<del></del>		□Remove
·			
			□Remove
			□Add
			Remove
			Change

mendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fata [	e date. If other than the date of filing:  (optional)  (ive date is listed, the date most be specific and eaunof be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not's effective date on the Department of State's records
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Snred	For_leuderdale
	Confort Paper
	Signature of a member or authorized representative of a member