118000036870

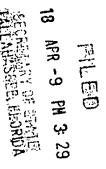
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400311417124

04/09/18--01013--015 **30.00



COVER LETTER

DIAIS	ion or corp				_
SUBJECT: _	390	3 West San Name of Limi	Carlos, L	<u>-</u> C	old name
		Name of Limi	ited Liability Company		
	70	7 West Alfre	ed, LLC -	- hew	name
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return a	ll correspond	dence concerning this matter	to the following:		
		Ulrike	B. Wolter Name of Person	-	
		707 West	Alfred Firm/Company	LLC_	
		1209 Eas	t Cumber Address	land A	ive #2801
		Tampa	FL 336 City/State and Zip Code	02	
			o be used for future annual		tion)
For further info	ormation cor	cerning this matter, please ca	d l:		
Ulrik	Le (Tiña Name of F	a) Wolter	at (707)	774 - Daytime To	-5571 - mobile elephone Number -2057 - landline
			813	225	-2057 - landline
Enclosed is a c	heck for the	following amount:			
□ \$25.00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Company as it now appears on our records.)
imited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Feb. 12 2018 and assigned Florida document number L18000036870 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) no change Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) no change B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address to Mande

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

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 □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

 					
			——————————————————————————————————————		
				/_	
••••	,				
		·			
		··			
		00:/		6	
),	(1)			3 6
		N			2
	(1)		W • -		<u></u>
				<u>ን</u> የ	29
	/				<u>.</u>

fective date, if other in effective date is listed, in ote: If the date inserte cument's effective dat	d in this block does	filing: April 41 ic and cannot be prior to dat not meet the applicable s t of State's records.	2018 e of filing or more than 9 statutory filing require	(optional) 0 days after filing.) Pursu ments, this date will n	eent to 605.02 ot be listed
record specifies a The 90th day afte		ive date, but not an iled.	effective time, at	12:01 a.m. on th	e earlier
ted April	4	_, 2018			
٧	Mille	te Ru	Her		
	Signature	of a member or authorized	representative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00