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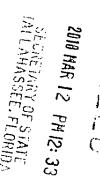
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COVER LETTER

TO:	Registration Se Division of Cor		•	
CUD		SERVICES LLC		
SOR	JECT:	Name of Lin	nited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
			JOSE FANEITE	
			Name of Person	
		F.	ANEITE J SERVICES LLC	
			Firm/Company	
		ı	2941 NW 2ND ST APT 304	
			Address	
			MIAMI, FL 33028	
			City/State and Zip Code	
			BIRDROAD@TAXTORE.COM	
		E-mail address: (to be used for future annual report notifi	ication)
For fu	urther information co	oncerning this matter, please c	all:	
	JOSE FA	NEITE	786 340-3565	
	Name of	Person	Area Code Daytime	Telephone Number
Б.,	. It is a local	C. Harris and a second		
Enclo	ised is a check for th	e following amount:		
□ \$ <i>i</i>	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)

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

FAN	EITE J SERVICES LLC	
(Name of the Limited Li (A F)	ability Company as it now appears on our recordorida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabili Florida document number L18000053833	ity Company were filed on 02282018	and assigned
This amendment is submitted to amend the following	g:	
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our record address here:	ls, enter the name of the n
Name of New Registered Agent:		REAL AND
New Registered Office Address:	D. Clark	12 SSEE
	Enter Florida street addre	S FLORA D
- -	, F	10 ridge 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>	<u>Name</u>	Address	Type of Action
MGR	MONICA BUCARITO	12941 NW 2ND ST APT 304	= Add
		PEMBROKE PINES FL 33028	Remove
			Change
			Add
		·	Remove
			Change
		-	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
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effective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	ate of filing: be specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing requartment of State's records. befrective date, but not an effective time,	nan 90 days after filing.) Pursi Juirements, this date will r	ot be list
he 90th day after the reco	d is filed.		
ed MARCH, 07	2018		
S	ignature of a member or authorized representative of a	member	
	/ /		
	JOSE FANEITE		

Page 3 of 3

Filing Fee: \$25.00