L180000 95658

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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
		
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Special Instructions to	Filing Officer:	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

O: Registration Section Division of Corporations
JBJECT: Admiral Holding's L. L. C. Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Jerry Ramos Name of Person
Admiral Holdings L.L.C.
P. O BOX 460593 Address
Fort Lauderdale, FL. 33346 City/State and Zip Code Ad Hiral Holdings @ aol. Com E-mail address: (to be used for future annual report Hotification)
or further information concerning this matter, please call:
Jery Ramos at (S61) 777-0776 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$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

Admiral Ho	oldings L.L.C	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L180000</u> 95	ny were filed on APTII.16.2018 and assigned 5658	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	78 _ E	SE SE
(Principal office address MUST BE A STREET ADDRESS)	A. P.	CR
	27	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
	y 2	<u> </u>
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 he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin 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
UOR.	Jerry Ramos	P.D BOX 460593 Fort Lauderdale FL. 33346	_Add
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	ne date inserted in thi s effective date on th			ible statutory fili	ng requirements, 1	his date will not b	e listed	as th
	I specifies a dela th day after the		late, but not	an effective	time, at 12:0:	1 a.m. on the	earlier	of:
Dated	April 2	5.2018	,	_·				
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Page 3 of 3

Filing Fee: \$25.00