118000097280

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800312319158

04/26/18--01011--011 **25.00

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 27 2018

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Mendez Granden Name of Limit	oup, LLC ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Itis M.	Name of Person	
		Firm/Company	
	10648 540	nding Stone T	Dr
	Wimauma	City/State and Zip Code	
	E-mail address: (t	o be used or future annual report notific	cation)
For further information con-	cerning this matter, please ca	III:	
Name of P	SOUTI CL.	at (<u>813</u>) 418 - 3 Area Code Daytime	7590 Telephone Number
Englosed 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)	☐ \$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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800097380</u> .	were filed on	4 18 3018 and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	e :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	2	SECR
Enter new principal offices address, if applicable:		APR	到。
(Principal office address MUST BE A STREET ADDRESS)	···	26	SSE
		ယ္က	STA
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
	. Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and I am familiar with a apter 605, F.S. Or, if this docume	nd

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 **Address** <u>Title</u> Name Type of Action 10648 Standing Stone Dr. Iris M. Garcia □ Add Wimauma ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

,		·				
			M			
- 121					····,	
						
					· · · · · · · · · · · · · · · · · · ·	
		-				B APR
				· · · · · · · · · · · · · · · · · · ·	<u>-</u>	7
						မှု ဒ
			<u></u>			=
ffective date, if other than an effective date is listed, the date	the date of file	ing:			(optional)	
ote: If the date inserted in this ocument's effective date on the	is block does no	t meet the app	licable statutor	ry filing requirer	nents, this date wil	I not be listed a
seament's effective date of the	ie Department o	r state s recor	us.			
e record specifies a dela The 90th day after the			not an effec	tive time, at	12:01 a.m. on	the earlier o
ated 4 , 24	<u>/</u>	, 2018	3			
	na Ch	An An	ONIX I			

Page 3 of 3

Filing Fee: \$25.00