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SECRETARY OF ON ATIOH DIVISION OF CORPORATION

N COOPER JUL 27 2018

COVER LETTER

SUBJECT: H SCHOLL (MAS) LU (Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Charles	Division of Corporations
Please return all correspondence concerning this matter to the following: CY OSS MCCIAC Name of Person Firm/Company 2 H Y GC Address City/State and Zip Code H: mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number	<u> </u>
Firm/Company 2141 Name of Person Pirm/Company 2141 Name of Person Pirm/Company Address Address City/State and Zip Code H. G. J. C.	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Firm/Company 2141 Nw 82 + R ry G(P) Address City/State and Zip Code High School (10 Cas) Flood (10 Cas) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number	Please return all correspondence concerning this matter to the following:
Address Sun For FL 33322 City/State and Zip Code H. G. S. F. Got mount (Constitute annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number	CV OCSON WCCI CO. Name of Person
Address City/State and Zip Code City/State and Zip Code H. G. C. S. F. Company (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	. Firm/Company
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number	
Name of Person at (95) 654-4224 Area Code Daytime Telephone Number	HIGHSENICE (NCSS FLERCINCII) COM
	For further information concerning this matter, please call:
	Name of Person at (15) US-U- 422U Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)	Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy

MAILING ADDRESS:

· TO: 'Registration Section

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 Linbility Compan (A Florida Limited Lin	y as it now appears on our ability Company)	records.)	_
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	0119 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ey Company," the designation	on "LLC" or the abbreviation	DIVISION OF
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TORPORATIONS
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our re	ecords, enter the nam	ne of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
	City	, Florida Zin Cod	ie
New Registered Agent's Signature, if changing Registered Agent:	·		
I hereby occupe the appointment as account and asset and		. 16 .1	

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 = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		VPY ICIGIO FL. 3	
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	1	325 CCINSCIST	O Remove
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MGR	RAJCIEL CLEIVO	1 325 (CIUSC St Yey (Crop F1331	MAdd
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lf an cife <u>Note:</u>	ve date, if other than the date of filing:	5.0207 (ted as t
ie rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
Dated _	7/11e/18 2018	
	Expects median	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00