

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

Office Use Only



600316036696

07/26/18--01004--012 ++25.00

18 JUL 26 AH 12: 09
SCORETARY OF STATE
SCORETARY OF STATE
SCORETARY OF STATE

K. SALY AUG - 2 2018

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Name of Limi	ER SERVICE	E, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAC	Name of Person	<u>></u>
		Firm/Company	
	214 51	N TH AVENU	E
	- Quick Ca	City/State and Zip Code OURIER SERVIC to be used for future annual report notif	ECHOMAL.
For further information c	oncerning this matter, please ca	·	ωγ
JACKIE Name o	ARIAS of Person		TZZ8 (Q Telephone Number
Enclosed is a check for the	he 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)
Registr Divisie	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	ı

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

18 JUL 26 AH 12: 09 OF

iability Company as it now appears on our records.)
Torida Limited Liability Company) - 10, 1018 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number L18000 175260 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 "L.L.C."
Enter new principal offices address, if applicable:	:
(Principal office address MUST BE A STREET AI	DDRESS)
Enter new mailing address, if applicable:	
••	n
(Mailing address MAY BE A POST OFFICE BOX	
1.1	registered office address on our records, enter the name of the new
registered agent and/or the new registered office :	<u>address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SERGIOJ. ARIAS J	6,214 SW 7TH AVE	Add
		MIAMI FL 33130	Remove
			Change
$\overline{\mathcal{L}}$	JACKIE ARIAS	214 SW 7TH AVE) Add
		MIAMI FL 33130	/ □ Remove
0			Change
<u>VP</u>	JACKIE ARKS	214 SW 7TH AVE	j≱ Add
		MIAMI, FL 33130	🗆 Remove
			Change
MGR	JACKIE ARKS	214 SW 7TH AVE	_\ Add
		MIAMI FL 33130	□ Remove
			Change
			18 Anni
			Remove —
		· r. com	FILED L 200 Millinge HASSING SILE
		<i>DA</i>	□ Add
			Remove
			☐ Change

` _										
,										
_										
_										
								P	2 6	
_	 							7	E T	1
								ASSE	26	Π
									AH P	j
								(. 09	
					· · · -				P	
_										
_										
								-		
_								-		
-										
E CCantin	uaduta :futba	ar Albania Albanialas					(
(It an effe Note:	ve date, if other ective date is listed. If the date insertent's effective date.	the date must be ed in this block	specific and c does not me	cannot be prior eet the applic	to date of fili able statutor	ng or more that	opti n 90 days after irements, thi	tiling.) Purs	uant to 605,0207 not be listed as	i (3 i th
	ord specifies 90th day afte			ate, but no	t an effec	tive time,	at 12:01 a	a.m. on t	he earlier of	f:
Dated	7 23	18								
.,	• 1	1	<u> </u>		<u> </u>					
			The of a m	ember or autho	rized repres	entative of a m	ember			
		一世		emile of autho	arrea represe	, maire, Ol a III	KIIIIXI			
			,) eran	T ARI	ence Je.				

Page 3 of 3

Filing Fee: \$25.00