## 11800192001

(Re	equestor's Name)	)
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
, (Bi	usiness Entity Na	me)
(Dx	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporation	s		
SUBJECT: TR E	TERNAL IA	S VEST MRAS ty Company	1 GLOUP LL
The enclosed Articles of Amendm	ent and fee(s) are submitted for	filing.	
Please return all correspondence c	oncerning this matter to the foll	owing:	
	RICARDO FO	os TEL ne of Person	
	Fire	m/Company	
<u></u>	639 BIRDS	ONG BLUD	
<u> </u>	UTZ FL	33 559 te and Zip Code	
_F	OSTERS VISIO	o C GMALL Confuture annual report notification	
For further information concerning	this matter, please call:		
RICANDO FOS Name of Person	TERai	(757) 353 - Area Code Daytime Tele	8610 phone Number
Enclosed is a check for the following	ng amount:		
	ertificate of Status Ce	.00 Filing Fee & rtified Copy litional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADI Registration Sec Division of Corp P.O. Box 6327	ion	STREET/COURIER A Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR ETERN AL  (Name of the Limited Liability Compa (A Florida Limited I	INVESTMENT GOOD LC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L180019200</u>	were filed on AUG 10 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SECRE FARY OF STAVIS ON OF CORPORA  8 AUG 15 AM II:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent: DIETI	TIAN 1STOP LLC
New Registered Office Address: 4636	BIRD SONG BIVD  Enter Florida street address
207	City Florida 33559  Zip Code
New Registered Agent's Signature if changing Registered Agent	

New Registered Agent's Signature, il 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICAMO FOSTRA	6861 SW 146 CANR. OCALA FL 34473	<u>Ø</u> □ Add
	LC	OCALA FL 34473	D Kemove
			Change
AMBR	DIFOTITIAN 1 Stop LLC	4639 BIRDSONGB W77 FL 33539	TO Add
		W77 FL 33559	Remove
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un ef <u>ote:</u>	ive date, if other than the date of filing:		
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	:he earl	lier of
	15 AVG 2018		
ated			
Dated	Signature of a member or authorized representative of a member	<del></del>	

Page 3 of 3

Filing Fee: \$25.00