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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor				
OLID II		IC FAMILY GROUP HOME I	LLC		
SUBJ	Name of Limited Liability Company				
The en	aclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		JENNIFER DIAZ			
		FANTASTIC FAMILY GI	Name of Person ROUP HOME LLC		
		16488 su	Firm/Company 30th ST		
		nhramar,) 30th ST Address FL 33027		
		FANTASTICGROUPHOM	City/State and Zip Code E@GMAIL.COM		
		E-mail address: (to be used for future annual report notif	ication)	
For fu	rther information c	oncerning this matter, please ca	all:		
JENN	IFER DIAZ		786 246-7300		
	Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclos	sed is a check for th	ne following amount:			
□ \$2	5.00 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:

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TO:

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

FANTASTIC FAMILY GROUP HOME LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000196803</u>	were filed on 08/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	40
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16488 SW 30 Miramar, FL	7th ST - 33027
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	-	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	5 50 11	
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
YUNARIS LORIGA	5431 W 9TH CT	
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	12/04/2018	
	ive date, if other than the date of filing:	(optional)
Note:	ective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statuent's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605,020
	cord specifies a delayed effective date, but not an eff 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier o
Dated	DECEMBER 04 2018	
- -	than	
	Signature of a member or authorized rep	resentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00