000197612

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

Office Use Only



800317570918

ne/29/18--01907--009 ••€3.00

N COOPER SEP 0 4 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on c Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compan Florida document numberL18000197612			_and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company" the design			
Enter new principal offices address, if applicable:			ation "L.L.C	
	9100 NW 97 TERRAC			2
(Principal office address MUST BE A STREET ADDRESS)	MEDLEY, FL. 33178		8 0 A	ISI
	ATTN: RICO'S		2	- 1
			29	_ _ ≓
Enter new mailing address, if applicable:			P	989
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		TANOGEOS.
·				<u></u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our r	ecords, enter the i	name of t	he r
New Registered Office Address:				
	Enter Florida street	address		
	City Florida			
ew Registered Agent's Signature, if changing Registered Agent:	City	Zip	Code	
hereby accept the appointment as registered agent and agree covisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	e to act in this capacity erformance of my duti	. I further agree to c es, and I am familia	comply wi r with and	ith th

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title	<u>Name</u> LUIS LUIS LAHERA	Address	Type of Action
MGR ———		927 SW 135TH COURT	
		MIAMI, FL. 33184	Remove
MGR	JOSEPH ALEXANDER	13901 SW 279TH LANE	Change
	JOSEPH ALEXANDER CASTILLO	HOMESTEAD, FL 33032	Add
			□ Remove
			Change
			□ Remove
			□ Change
			Remove
			□ Change
			□ Remove
			□ Change
			
			🖸 Remove
			Change

<u> </u>							
						· <u> </u>	
							_
						<u> </u>	
							_
							_
							_
							-
							-
							-014
						œ ,>>	IISI/
						90	- 3E - 2E
						- 29	- ;;
						- 7	ORPOK -
						<u></u>	- ÖÑ.
							- 10
			·			8	- io
							-
			_				-
					_		
							•
ffective date, if other than the dat	of filing:	3/22/2018			(optional)		
an effective date is listed, the date must be a	necific and cann	ot be prior to d	late of filing or	more than 90 d	- · · · ·	ursuant to 605	5.020
ote: If the date inserted in this block occurrent's effective date on the Depart			statutory fil	ing requireme	nts, this date wi	ll not be liste	ed a
e record specifies a delayed eff	ective date.	but not a	n effective	time at 1°	2·01 a.m. on	والمحمدة	
The 90th day after the record	s filed.			corne, at 1,	2.01 a.m. un	i the earne	ero
0000							
08/22 ated		18 					
^	1	1 1-11					
()	/	! 1.1/					
- An	arch L	selle					
Sign	affre of a membe	r or authorize	d representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00