## 118000216192

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			





700318453927

09/25/18--01016--023 \*+55.00

FILED

18 SEP 25 PM 12: 10

SECRETARY OF A FAIT

K SALY SEP 27 2016

## **COVER LETTER**

y
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Orenzo Valcarcel Name of Person
Lypsum Board Art Institute
480 M. Orange Ave. Apt. 406
Orlando, Fl. 32801  City/State and Zip Code  Orenzo val Carce Ogmai. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosanna Reagin 407, 913-8884
' Name of Person ' Area Code Daytime Telephone Number
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 o

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

18 SEP 25 PH 12: 10

SECONDA PHIS: 10

LLC

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>L18000216192</u> 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	Kosanna Keagin	480 N. Drange Ave.  Apt. 406  Orlando, Fl. 3280	DAdd
		Apt. 406	□ Remove
		Orlando, Fl. 3280	☐ Change
			🖸 Add
			□ Remove
			Change
<del></del>			PO-Add SEP
			POTAdd SEP 25 PH 12: 10
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			O Add
			_□ Remove
			□ Channa

' -		
-		
_		
-		
-		
_		
_		
-	-v -	Ď
-		£ -
_	The state of the s	P 25 PH 12: 10
_		70
	- 11 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1	7 12
-		
-		
-	·	
-		
f an eff Note:	ive date, if other than the date of filing:	0207 (3)(1 d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	Signature of a member of authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Supporture of a member of authorized corresponding of a member	

Page 3 of 3

Filing Fee: \$25.00