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D. SCOTT DEC 1 3 2015

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:) IIVA & Q INV? Name of Lim	GIMENTS LL ited Liability Company	.Ĉ.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Onvage 11	Name of Person NUSTMENTS (Firm/Company	LC.	ELLANA SECULLORIS
		Address Address LI FL 3316 C City/State and Zip Code MU: PNL CC to be used for future annual repo		ο b: 32 •
For further information co	oncerning this matter, please co			
CTCKName of	Û IV A	at (200) Area Code	7633923. Daytime Telephone Number	
Englosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Certificate of Certified Cop (additional copy	Status & Dy
MAILI	ING ADDRESS:	STREET/CO	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	lity Company as it now appears or da Linuted Liability Company)	n our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>LIEOOO22103</u>)	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	:
		}
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the design	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		T III
		<u>.</u> . . .
Enter new mailing address, if applicable:		: 2
Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the revistored agent and/or revi	ictored office address on a	ur records anter the name of the c
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ur records, enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	Zıp Code

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
MGR	Encl Oliva	235 NW 12451 North Mianil	D Add
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. Effecti	va data if other than the date of filing: (ontional)
Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/21/18.
-	
	Signature of a member or authorized representative of a member
	Crick Oliva.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00