

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000333225 3)))



H190003332253ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : 120130000079

Phone : (305)804-1047 Fax Number : (866)767-/835

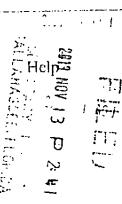
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILITARY 14111 LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu



Fram: Hector Rodriguez

Fax: 18667677835

To: Sunbiz LLC

Fax: (850) 617-6383

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11/12/2019 9:22 PM

ARTICLES OF AMENDMENT (((H19000333225 3))) ARTICLES OF ORGANIZATION OF

MILITARY 14111 LLC		2013 NOV 13 P 2 41
(Name of the Limi	ted Linhility Company as it now appear (A Florida Limited Linhility Company)	rs on our records.)
(Name of the Limi The Articles of Organization for this Limited L Florida document number 1.18000255615	iability Company were filed on 10	730/2018 and assigned and assigned
This amendment is submitted to amend the foll		
A. If amending name, enter the new name o	f the limited liability company h	ere:
The new name must be distinguishable and contain the v		lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie		
(Principal office address MUST BE A STREE	T.ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and registered agent and/or the new registered of	for registered office address of office address here:	our records, enter the name of the new
Name of New Registered Agent:	ASHRAF BARAKAT	
New Registered Office Address:	14111 S MILHTARY TRL	
	Enter Flo	rida street address
	DELRAY BEACH	, Florida 33484
	City	Zip 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.

Citv

If Changing Registered Agent, Signature of New Registered

Ta: Sunblz LLC

Fax: (850) 617-6383

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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 (((H19000333225 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SERGIO RODRIGUEZ	1411) S MILITARY TRL	□ Add
		DELRAY BEACH, FL 33484	■ Remove
			□ Change
AMBR	SALLY A RODRIGUEZ	14111 S MILITARY TRL	D Add
		DELRAY BEACH, FL 33484	■ Remove
			□ Change
AMBR	ASHRAF BARAKAT	14111 S MILITARY TRL	
		DELRAY BEACH, FL 33484	□ Remove
			Change
			☐ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
,			□ Add
			☐ Remove
			Change

HECTOR	r Rodriguez	Fax: 18667677835	To: Sunbiz LLC	Fax: (850) 617-6383	Page: 4 of 4	11/12/2019 9:27
D. 1	ff amending	g any other inform	ation, enter change(s) here	: (Attach additional she	ets, if necessary.)	
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(1	Linu official	date is listed, the date m	est be specific and cannot be prior t	to date of filing or more than	90 days after filing.) Pt	irsuant to 605.0207
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(b)	The 90th	n day after the re	cord is filed.	on choose a compa		
	NOV	EMBER 12	2019			
	Dated .		. 2019	<u> </u>		
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Typed or printed name of signee

Filing Fee: \$25.00