# LZO 000 142 281

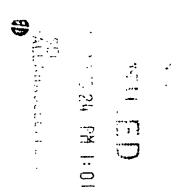
(Re	questor's Name)	<del></del>
(1.0	4	
(Ad	dress)	
•	<b>,</b>	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	e of Status
Certified Copies	_ Certificates	S OI GIAIUS
Special Instructions to	Filing Officer	
Special instructions to	riing Oncer.	

Office Use Only



400350732184

300/24亿分 10月13 - 1000 米4.55.100





## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	Name of Lim	MO H L	<u> </u>
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	$\bigcirc \bigcirc \bigcirc$	Name of Person	MONT-GLES
	NP Belmi	O4 L C	
	1560 SO 44h F1001	WSICS (	orporate Pkwi
	Sunns	Fity/State and Zip Code	33333
	E-mail address: (	to be used for future annual report noti	fication)
For further information	on concerning this matter, please ca	all:	
WRUS Nam	DEMONT	Area Code Daytim	496 1137 ne Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fe	e \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## , ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

or ED

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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: Enter Florida street address , Florida City

### 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
			□Add
			□Remove
			_ Defiange
<u>nor</u>	. Neysa Belmon	1-Perez	□ Add
		1560 Sawgrass Cor 4 Fl Subrise, FL 3333	Patarkuc
		Supriso, FL 3333	2 Dehange
			□Add
			□Remove
			DChange
	<del></del>		□Add
			□Remove
			Change
			□Add
		DRemove	
			□Change
	<del></del>		□Add
			□Remove
			□Change

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
(If an effe <u>Note:</u> I	te date, if other than the date of filing:
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Signature of a member or authorized representative of a member
	NRUSA BELMONA - FOR PROPERTY PROPERTY OF SIGNED