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(Re	questor's Name)	<u></u>
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COVER LETTER

Division of Cor	prporations	
SUBJECT: A	Name of Limited Liability Company	
	Transe of Emilieu Engolity Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
riease return an correspo	condence concerning this matter to the following:	
	Name of Person	
	Name of Person	
	Ady Ready UC Firm/Company	
	J Firm/Company	
	19760NW 9th D	
	Address	
	Pembrace Phes A. 33029	- 2
	Pembroce Pines fl 33029 City/State and Zip Code	, ,
	Cortacto addyracty. cov E-mail address: (to be used for future annual report notification)	,
	~	- t
For further information o	concerning this matter, please call:	- 1
Tainai	itc = (GS4) (000).5127	•
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for th	the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &
Mailing Addres		
Registration S	Section Registration Section	

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

TO:

Registration Section

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

Add	ly Recaltu	\L(C		
(Name of the Limite	d Liability Company as it A Florida Limited Liability	ndw appears on our re- Company)	cords.)	
The Articles of Organization for this Limited Liz Florida document number		led on <u>01</u> 25	2013	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability co	mpany here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Com	pany," the designation "	LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)		-	
		· · · · · · · · · · · · · · · · · · ·		
				<u>\</u>
Enter new mailing address, if applicable:				, <u>.</u>
(Mailing address MAY BE A POST OFFICE I	<u> </u>			
		-		
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address here:	on our records, <u>en</u>	ter the name	of the new registered
Name of New Registered Agent:	Shosnana			
New Registered Office Address:	lou west-	Ficale St		700 # 760
	Miami		. Florida	33130
	Ciņ			Zip Code
\$1 50 to				

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>	<u>Name</u>	Address	Type of Action
AMBIZ	Tallaiter	G740NW9TO	□Add
		Peninove Pines EL 3302	□Remove
		Change Shoshana Paizerts Registrack Fogeth, Kee	DChange Place Daity as AMB DAdd
			□Remove
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Tective date, if oth an effective date is liste	er than the date of	f filing:	or to date of filing or me	ore than 90 days after til	al) ling.) Pursuant to 605.020
ote: If the date inser	rted in this block doe	s not meet the app	licable statutory filing	requirements, this d	ate will not be listed a
ocument's effective (date on the Departme	ent of State's record	18.		
ecord specifies a del is filed.	ayed effective date, b	out not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
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ated Jily					•
ated <u>Jily</u>					; ;
ated July	Signatur	re of a member or au	thorized representative	of a member	
ated Jily	Signatui	re of a member or au	thorized representative of	of a member	