

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to amend the Articles of Organization of a Florida Limited Liability Company.

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 605.0202, Florida Statutes, which is printed on the reverse side of this letter.

- > Pursuant to s.605.0202 (2)(d), Florida Statutes, the document must be typed or printed and must be legible.
- > Pursuant to s. 605.0207, Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

The new name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.
- ➤ The fees are as follows: \$25.00 Filing Fee

S30.00 Certified copy (optional) S 5.00 Certificate of Status (optional)

> Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration Se Division of Cor | | | |
|---|--|---|--|
| SUBJECT: Fanc | 1402 11 0 | | |
| SUBJECT: I CATE | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | | |
| | | Name of Person | |
| | Frin | igniz LLC | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 7941 GC | orsian bay ch | r altzol |
| | FORF WACK | SIFL 33917 City/State and Zip Code | |
| | FC 360 Prote E-mail address: (0 | o be used for future annual report notif | fication) |
| For further information of | oncerning this matter, please ea | ill: | |
| Fany Name o | CYUZ_ | at (<u>23 Y</u>) <u>600</u> Area Code Daytim | - 09 7 6 e Telephone Number |
| | | · | · |
| Enclosed is a check for the | he following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration | | Street Address: Registration Sec | ction |
| Registration Section Division of Corporations | | Division of Corporations | |
| P.O. Box 632 | 27 | The Centre of T | `allahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 | |
|--------------|-------------|----------------------------|---------------------|--|
| Ambr | Fany Cruz | 7991 Georgian bay Cir DAdd | | |
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| MGB | Fany Cruz | 7991 Georgian boy ar | X Add | |
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