L24000316916

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
318 Arizon			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Donna Gomez		
	- 11611	Name of Person	
	318 Arizona LLC		
		Firm/Company	
	318 Arizona St		
		Address	
	Hollywood, Fl 33019		
	donnagomez2018@gmail.c	City/State and Zip Code om to be used for future annual report no	ntification)
For further information	concerning this matter, please c		,
Donna Gomez		954 2241316 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

318 Arizona LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/17/2004}{}$ and assigned Florida document number __L24000316916 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 "L.L.C." 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Theresa Munoz	255 Barrington Dr. Haines City, Fl 33844	□Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Петюче
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change

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E ffec i If an ci	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e record is f	rd 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 iled.
Dated	· · · · · · · · · · · · · · · · · · ·
	- Somme Some
	Signature of a mouther of huthorized representative of a member

Filing Fee: \$25.00