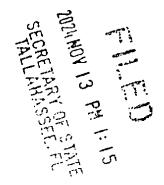
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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	



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Office Use Only

## **COVER LETTER**

Division of Corpo	rations		
SUBJECT:	1.16415	Prep by Dee red Liability Company	LLC
The enclosed Articles of Ar	mendment and fec(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		-UIS MOTION Name of Person	<del></del>
		Firm/Company	
	7520 NW	109th ave Al	77 7
	Doral, Flo	orida 33178 City/State and Zip Code ydee@ 9 Mail. (or	SEE TO
	E-mail address: (t	Jdee @ 9 Mail. (Or obe used for futber annual report notific	
For further information con	cerning this matter, please ca	all:	
Name of P	Moliv	at(	Felephone Number
Enclosed is a check for the	following amount:		
\$25.00 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 Se	ction	Street Address: Registration Secti	ion

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

Registration Section

ro:

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

(Name of the Limited Liability Compa	ny as it now appears on our records.)
(A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number 12400 42783	were filed on $\frac{ 0 3 34}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	SE RE SULLA
Enter new mailing address, if applicable:	AHAYO PI
Mailing address MAY BE A POST OFFICE BOX)	77.07 - 500
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreer or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

**Type of Action Address** <u>Title</u> Name NW 104th are AMBR A103 #4141 Doral, Florida 33178  $\square$ Add □Remove □ Change □Remove □ Change □Add ☐ Remove □ Change  $\square$ Add □Remove \_ □Change

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effective date	if other than this listed, the date in	nust be specific an	id cannot be prior	r to date of filing	or more than 90 o	(option days after fi	ling.) Pursi	uant to 60	5.020
<u>e:</u> If the date ument's effec	e inserted in this ctive date on the	Department of	State's records	cable statutory	filing requirem	ents, this d	late will i	not be lis	ited as
cord specifies filed.	a delayed effec	tive date, but no	t an effective t	ime, at 12:01 a	i.m. on the earli	er of: (b)	The 90th	n day afte	er the
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		Signature of a	member of auth	onzed represent	ative of a membe	¥	2		
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