## 110000009HZ

(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:

Office Use Only



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D. SCOTT AUG 1 1 2017



	tration Sect on of Corp					
SUBJECT:	SAN	MAR COS Name of For	Vaue 4			_
Dear Sir or M	adam:		J	, 1	•	
		, certificate and fee	(s) are submitted	for filing.		
		ndence concerning		_		
Natali.	i L.	Michols ame of Person		_786· 8	77.9700	
6538 ' (		irm/Company	227	_		
MIAMI	Bec	Address  LM FL ity/State and Zip C	33141 ode	_ <del>_</del>	-	
<u>Natalie</u> E-mail addr	L Nic	hols ( Gused for future ann	mail. Cor ual report notific	<u>∕∕</u> ation)		
For further int		oncerning this matt Newhols Person	at (	/	7 9700 Telephone Number	<u>r</u>
Regist Divisi Cliftor 2661 I	ration Sect on of Corp n Building	orations Center Circle		Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 (see, Florida 32314	
Enclosed is a ☐ \$25 Filing		the following amo ] \$30 Filing Fee & Certificate of Stat	□ \$55 Fi	ling Fee & ed Copy	\$60 Filing Fee Certificate of Certified Cop	Status &

CR2E055 (9/15)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear	s on the records of the Florida Department of
State: SAN MARCOS Valley	LIC
Enter new principal office address, if applicable:	Natalie Nichols
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	MIAMI Deach, Fl 3314)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Natalie Nichor 6538 collins Duc #227 MIAMI Boach FL 33141
2. The Florida document number of this limited lia	ability company is: M1000005426
3. Jurisdiction of its organization: Du owar	
4. Date authorized to do business in Florida: De	cember 8, 2010
SECTION II (5-9 complete only the applicable of	changes)
5. New name of the limited liability company: (mus	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	d officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent: Notalie	
New Registered Office Address: 6538 C	ollins Au, #227
WT	Enter Florida Street Address  Ami Beach Florida Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

le/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Marjer	Notalia L. Nichik	6538 collins Ave # ZZ- Miami Brach Fr 371	7 Endd 41
			Remove
rager	Donald 6 Michall	woodland Ave	Add
		Deland, Fl	
			Add
			Remove
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			Remove
aforementio	a certificate, if required: no more than 9 ned amendment(s), duly authenticated bunder the law of which this entity is org	by the official having custody of records in the	:•

Filing Fee: \$25.00