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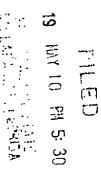
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	POSPM Name of Line	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Lume	Name of Person  Firm/Company	ite
	19370 C	Ollins Ave C	cu1
	Sunny Isla	ES Beach FL City/State and Zip Code	33160
	Marinakess (E-mail address: (	ler 6 amail Cor to be used for future annual report notif	· •
For further information	concerning this matter, please ca	all:	
Marina Name	KOSSICV of Person	at (205) 948 — Daytime	7480 Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Fitting Fee	☐ \$30.00 Fiting 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> 605PM, LLL</u>	<i>,</i>
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{2062013}{}$ and assigned
Florida document number <u>L13 000 169487</u>	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name most be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)
	5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the neress here</u> :
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:

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

	ng Authorized Person(s d from our records:	authorized to manage, enter the title, nam	e, and address of each person being adde
MGR = N			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		· ·	DE 19958 Remove
			Change
AR .	Suntine Hanagi	mont Survices LC 16192 Coc	ista High way oxada
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Affective date, if other the fan effective date is listed, the Note: If the date inserted in document's effective date of the factive date of the	date must be specific a in this block does not	nd cannot be pri- meet the appl	icable statutory f	or more than 90 days	optional) after filing.) this date v	Pursuant to 605.020 will not be listed as
e record specifies a c The 90th day after t			ot an effectiv	re time, at 12:	01 a.m. d	on the earlier o
Dated <u>170</u>	8	2019	<u> </u>			
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	Signature of	a-member or aut	horized representa	tive of a member		

Page 3 of 3

Filing Fee: \$25.00