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## **COVER LETTER**

CELL MC	DDO LLC	<b>.</b>	
SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aleksandar Nanev		
	CELL MODO LLC	Name of Person	<del></del>
	8328 DR MARTIN LUTE	Firm/Company HER KING JR ST N	
	ST PETERSBURG, FL 3	Address	<del></del>
	alexander.nanev@gmail.co	City/State and Zip Code m	<del> </del>
	E-mail address: (	to be used for future annual report notif	ication)
	concerning this matter, please ca		
Aleksandar Nanev		727 4810581	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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 1		Street Address: Registration Sec	rtion
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELL MODO LLC

company has been notified in writing of this change.

27 7 2: 13

		_		
(Name of the Limited (A	Liability Company as it now appe Florida Limited Liability Company;	ars on our records.)		
The Articles of Organization for this Limited Liabi Florida document number 1.15000198357	ility Company were filed on _	11/24/2015	and assigned	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the PROJECT LEAH LLC	e limited liability company l	<u>here</u> :		
The new name must be distinguishable and contain the word.	s "Limited Liability Company," the	designation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(IDDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our	records, enter the name		
Name of New Registered Agent:		<del></del>		
New Registered Office Address:	Enter Fl	orida street address		
_	, Florida			
New Registered Agent's Signature, if changing Reg	City istered Agent:		Zip Code	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg	igent and agree to act in this and complete performance o red agent as provided for in	of my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	<del></del>	<del></del>	□Add
			□Remove
			□Change
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			□Remove
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		<del></del>	bbA⊡
			□Remove
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<del>78.1.</del>		<del></del>	□Add
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			Change
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Effective ( f an effective Note: If the	late, if other the	an the date of late must be specif	filing:	prior to date of fi	ling or more than	(optional	) 2.) Pursuant to 605.02 e will not be listed
document's	s effective date or	the Departmen	t of State's reco	ords.	ory ming require	inems, ems due	t will not be fished
e record spord is filed.	eciñes a delayed e	effective date, bu	it not an effecti	ve time, at 12:0	)1 a.m. on the ea	arlier of: (b) T	he 90th day after th
	tober, 14		2020				
			·	'			
		PM	•	·			
		PM	of a member or	authorized repres	sentative of a mer	nber	<del></del>

## Contact information:

Aleksandar Nanev 8328 Dr Martin Luther King Jr St N Saint Petersburg, FL 33702 Phone number: 727 481 0581

Email: alexander.nanev@gmail.com