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COVÉR LÉTTER

Division of Corp		Real Estate	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Chandral	ata Persan	d
		Name of Person	
		Firm/Company	
	83-60 1	18th Sheet, #72.	A
		Address	
	Ken Gara	Vens, NY 11415 City/State and Zip Code	-
	myllcmana E-mail address:	s geragmail. c	cation)
For further information co	ncerning this matter, please ca	·	
		at (<u>307</u>) <u>200 –</u> Area Code Daytime	7228
Name of	Person	Area Code Daytime	Telephone 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:

TO:

Registration Section

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

America		•			0.41	- `
(Name of the Li	mited Liability Co	ompany as it nov	v appears on our rec	ords.)	77	
		ited Liability Co				

The Articles of Organization for this Limited Liability Company were filed on 08/01/2019 and assigned Florida document number 19000196263

This amendment is submitted to amend the following:

A.	If amending	name, <u>ente</u>	r the nev	<u>y name of</u>	the limited	liability	company	<u>here</u> :
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The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2181 Lake Marion dr.
(Principal office address MUST BE A STREET ADDRESS)	Apopka, FL 32712
Enter new mailing address, if applicable:	2181 Lake Marcon dr. Apopka, FL 32712
(Mailing address MAY BE A POST OFFICE BOX)	Apopra, 12 Scric

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:	Bibi	Shamiza	Bacchus
New Registered Office Address:	6352	Willoughbu	1 Circle
<u> </u>		Enter Florida street addre	555
	Laker	south F	lorida <u>33463</u>
		City	Ziv 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

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>	<u>Name</u>	Address	Type of Action
M <u>GR/AMBR</u>	Chandralata Persau	d 83-60 118th Street	_ _€ Add
		# ZA	□ Remove
		Kew Gardens, MY 11413	Change
			_
			□ Remove
			□ Change
IGR/AMBR	Anaatrie Persaud	83-60 118th Street	D Add
		#16	_ ≅ Remove
		Kew Gardens, NY 11415	- _□ Change
			_D Add
			_□ Remove
			_□ Change
AMBR	Blah Blah UC	30 N Gould Street	_ B Add
		Ste R	_□ Remove
		Sheridan, WY 82801	_□ Change
			_□ Add
			_□ Remove
			☐ Change

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	-								
ffective date is If the date in	listed, the da nserted in t		ic and can not meet	the applica			90 days afte		Pursuant to 605,0 ill not be listed
e 90th day	after the	record is f	led.			ctive time,	at 12:01	a.m. or	n the earlier
Aug	rust	14th	Veis	2019 and	f.				
_		Signature	of a mem	ber or author	rized repres	emative of a mo	mber		

Page 3 of 3

Filing Fee: \$25.00