LI9000 288 787

(Re	equestor's Name)	
(Ac	ldress)	-
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	ECT:	Molluscun Name of Limi	1 CAWAY LI	
		CORPEIL	19-30633	1224373
The en	closed Articles of An	nendment and fee(s) are sub-	,	19 (
Please	return all correspond	ence concerning this matter	to the following:	12 29 3 15 to BEC 16
		<u>Erica</u>	Name of Person	sman ?
			Firm/Company	
		5154 L	Address DC	
		Lami	City/State and Zip Code CYMAN C AMO To be used for future annual report	33140 id. Com
For fur	ther information cond	cerning this matter, please ca	0 all: 2 at (310) 72	L1125
\sim	ed is a check for the t 5.00 Filing Fee	following amount: ☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	5.00 1 ming 1 CC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec	stion	Street Address Registration	
	Division of Cor			Tarnarations

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

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 Compan (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 419000268787	were filed on <u>NOV 2</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Grica Gro	ussman
(Principal office address MUST BE A STREET ADDRESS)	5154 La Gorce Migni, Beac	h EC 33140
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent 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	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I	am familiar with and

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		<u>Addres</u> :	<u>s</u>	Type of Action
1 MBR	Exica	Grouss	Man_	5/94 La Gorceto	XIAdd
			Mig	5/54 Laboreta mi Beach FL 331	<u>√</u> 0 □Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ust adding muse if as authorized
member. As I was unable to open
O Rayly de to the Malayle liested
a pane one to secon 100000 (1500)
thank you
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Dec 12019.
Signature of a mention or authorized representative of a member
Evica Gross Sman Typed or printed name of signer

Filing Fee: \$25.00