## 48000238929

	(Requestor's Name)	•
	(Address)	
	(Address)	
<u> </u>	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
L		

Office Use Only



500321196175

12/03/18--01019--002 \*+25.00

FILE D 18 DEC -3 PH 5: 23 SEGNATION OF THE PROPERTY.

K SAIV BEC -1, 2018

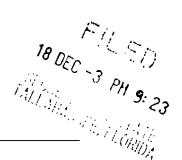
## **COVER LETTER**

ŢO:	Registration Section		•	
SUBJE	Division of Corpor	losevic UC	nited Liability Company	<del></del>
		Name of Cim	med Liability Company	
The en	closed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		Nenad	Mi lo Seui C	
		N. Milosa		<del>,</del>
		617 SW .	and Ln Address	
	• .	Pompano	Beach - FL - 3  City/State and Zip Code  SCUIC @ armail. 60  To be used for finant annual report	3060
	_	nedmilos	to be used for future annual report	M.
For fur	ther information conc	erning this matter, please c		
	lenad mi	10 Sevic	at ( <u>954</u> ) 258 Area Code Da	. 6361
	. wine of the		7.11.1 0.000	, and the property of the prop
Enclos	ed is a check for the fo	ollowing amount:		
<b>≭</b> 52	5.00 Filing Fee	S30.00 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 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**



N. Milosevic LL	<u></u>	records.)
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on <u>for i</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sirce	taildress .
<del></del>	City	, Florida

## 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO	Nerad milosovic	612 5W 2nd Ln	<b>X</b> Add
		Pompano Beach FL 33060	Remove
			Change
			🖸 Remove
		-	Change 8
 -			18 0EC - 3e PH 9: 24  Change 201310
			□Add □ Remove
	· .		🗆 Change
			🗆 Add
			□ Remove
		<u>'</u>	Change
<del></del>			D Add
			_□ Remove
			Change

	7200
	DE CO
_	
	·
F ffectiv	e date, if other than the date of filing:
If an effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
aocumer	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
The 9	
The 9	November 29, 2018
The 9	November 29. 2018
The 9	November 29 2018
The 9	November 29 2018  Signature of a member or authorized representative of a member
The 9	

Page 3 of 3

Filing Fee: \$25.00