L19000071137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

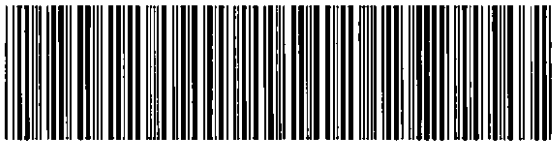
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

05/08/19--01006--004 **25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
MAY 09 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

61x954 LLC

Signature

Requested by: Seth

Name

05/07/19

Date

Time

Walk-In _____ Will Pick Up _____

171 Ponder's Printing - Thomasville GA 8/00

_____ Art of Inc. File_____

_____ LTD Partnership File_____

_____ Foreign Corp. File_____

_____ L.C. File_____

_____ Fictitious Name File_____

_____ Trade/Service Mark_____

_____ Merger File_____

_____ Art. of Amend. File_____

_____ RA Resignation_____

_____ Dissolution / Withdrawal_____

_____ Annual Report / Reinstatement_____

_____ Cert. Copy_____

_____ Photo Copy_____

_____ Certificate of Good Standing_____

_____ Certificate of Status_____

_____ Certificate of Fictitious Name_____

_____ Corp Record Search_____

_____ Officer Search_____

_____ Fictitious Search_____

_____ Fictitious Owner Search_____

_____ Vehicle Search_____

_____ Driving Record_____

_____ UCC 1 or 3 File_____

_____ UCC 11 Search_____

_____ UCC 11 Retrieval_____

_____ Courier_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 6LX954 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT SOCOL
Name of Person

ARS & ASSOCIATES INC
Firm/Company

20810 WEST DIXIE HIGHWAY
Address

MIAMI, FL 33180
City/State and Zip Code

ROB@ARSACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SOCOL at (305) 653-7350
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:
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

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TALLAHASSEE, FLORIDA

6IX954 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/13/2019 and assigned Florida document number L19000071137.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, **Florida** *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

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

Title	Name	Address	Type of Action
MGR	NICK NOVELLI	10290 SW 8TH COURT # 107 PEMBROKE PINES, FL 33025	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

05/05/2019

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 05/05, 2019

Signature of a member or authorized representative of a member

ROBERT SOCOL

Typed or printed name of signee

Filing Fee: $25.00