## L21 000 317855

(Requestor's Name)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Essences Emily Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





100372678941

25 ST -7 PX 3: 49



## **COVER LETTER**

TO: Registration : Division of C			
SUBJECT:	415 6,	oup IIC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		Darys Terry J.
	(March 1)		
		Name of Person	<u>~~~~</u>
	4	15 Group 11 C	
	1200 Br	ick-ell Bay 1	Dr uni+3104 unit
	Mia	Address	33131
	E-mail address: ()	City/State and Zip Code  1 · 20 2	OS4.ed 4
For further information	concerning this matter, please co		
Daryl	Terry	at (305) Area Code Daytim	3-8996
Name (	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he following amount:		
17.825.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Division of C P.O. Box 632	Section Torporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

415 6.	roup IIC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L710003178	pany were filed on $\frac{9/3/2}{55}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
	W/A
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	$\mathcal{N}(A)$
(Principal office address MUST BE A STREET ADDRESS	$\sim M/A$
	N/A
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	W/A
	N/A
N 16	9
<ol> <li>If amending the registered agent and/or registered off igent and/or the new registered office address here:</li> </ol>	ice address on our records, enter the name of the new registere
1.	
Name of New Registered Agent: WA	
New Registered Office Address:	A
	Enter Florida street address
N (	Florida
	City

## 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
MGR	Deshavona Sasmine 10V6	1200 Brickell Bay PV Mia-: F1 330	→ DAdd
REN	1016		DRemove
1001			□Change
			□Add
			□Remove
			☐Change
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			Changa

Remove Deshavoma Ja	asminp
only one member	
Only one member Dary ( Terry J	
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	<del></del>
	<del></del>
Effective date, if other than the date of filing:  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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records.	a A Duramont to 405
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T lis filed.  SIP FEM - PC 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	he 90th day after
OMO = 1	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00