## L05000091341

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

Office Use Only



000369812490

07/15/21--01023--015 \*\*25.00

2021 JUL 15 AM IO: 01

MOB - 1 2071

C Killer

## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT: Lill	Rarne of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	ANDREW R JONES	
	Name of Person	
	Firm/Company	
	15637 NW 5 St	
	Address	
	15637 NW 5 St Address PEMBROKE PINES FL 33028	
	City/State and Zip Code	
-	City/State and Zip Code  JONES 365/O COM CAST, NET  E-mail address: (to be used for future annual report notification)	
For further information cone	erning this matter, please call:	
ANDREW	TONES at 759, 230-86-59 Area Code Daytime Telephone Number	
Name of Pe	rson Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

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

Street Address: 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

Lillie G. 1	NUUST MENTS,	llc			
(Name of the Limited Lis (A Flo	ability Company as it now appears on orda Limited Liability Company)	our records.)		_	
The Articles of Organization for this Limited Liabilit Florida document number <u>L05000 913</u>		pt 15,20	105 and	i assigr	ned
This amendment is submitted to amend the following	y:				
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 design	nation "LLC" or the	abbreviatio	n "L.L.C	
Enter new principal offices address, if applicable:		· · · ·			
(Principal office address MUST BE A STREET AD	DDRESS)		60		
	<u> </u>		<del>:</del> -100	021	
Enter new mailing address, if applicable:			100	JUL	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)			7,		1 555,
	<del></del>		i` 1 	<u> </u>	€ 3 3 
			; <del>-</del> ;	0:0	الخوروا
B. If amending the registered agent and/or registered agent and/or the new registered office address her		rds, <u>enter the na</u>	me of the	BOW TO	<u>egistered</u>
Name of New Registered Agent:					
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			
	Enter Florida s	street address			
<del></del> -	Citv	, Florida _	Zip C	'o da	
	Ciţ		Zip C	ode	

## 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>	<u>Name</u>	Address	Type of Action
MGR	ANDREW RAY JONES JA	15637 NW 5 STREET	🖸 Ādd
		PEMBROKE PINES FL	Remove
		33028	□Change
MGR	Jell Jones	15637 Nu 5 STREET	<del></del>
		PEMBROKE PINES FL	□Remove
		33028	□Change
			□A <b>d</b> d
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

. II amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<del></del>	
<del></del>	
<del></del>	
Note: H tr	date, if other than the date of filing:
the record spoord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	6/30/2021
	Signature of a member or authorized tepresentative of a member
	ANDREW R JONES JR.
	Typed or printed name of signee

Filing Fee: \$25.00