## 207000109955

(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:
Special instructions to raining officer.

Office Use Only



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## **COVER LETTER**

TO: Registration Sect Division of Corpo		•	
SUBJECT:	A Name of Lim	ited Libility Company	· 
		•	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	audra	Name of Person	
	Aplem	Firm/Company	
	3058	SE MOV	roe ST
	STUA	Rt FL 34 City/State and Zip Code	997
	E-mail address: (	to My used for future annual report notifica	ot, net
For further information cor	neerning this matter, please can $\mathcal{I}$	all:	
Midra	Nemy)	a. 117 28	4-0191:
Name of I	'erson \	Area Code Daytime T	elephone Number
Enclosed is a check for the	-		<del></del>
<b>≢</b> \$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)
Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations . 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

<u>'U AVZT</u>, Florida <u>3</u>L

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
			Remove
			☐ Change
			Add
			Remove
			Change
			Remove
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	- <del></del>		
			□ Remove
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<u>lote:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	2 22216
ated _	3.20-19
ated _	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00