

	<u> </u>	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	
(Cil	y/otate/zip/r none #	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
\- -		,
(ĐC	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Fiting Officer	
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Office Use Only



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2020 AUG -4 PM 1: 32 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Vava Firm	ng LLc ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
	ence concerning this matter	•	
r lease return an corresponde	_	•	
	Zerith N	nemillan	
	Flava f	Name of Person	
		Firm/Company	
	5959 NW	55 Lang	
		Address	
•	Tamarac	fl 33319	
		City/State and Zip Code CM 1 1 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1	
For further information conc	cerning this matter, please ca	·	
	Certaing this matter, please to		1272
Name of Po		Area Code Daytine T	elephone Number
Enclosed is a check for the f	following amount:		
1) \$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:		Street Address:	

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

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

Flava Firms Ll	2000
(Name of the Limited Liability Con	npany as it now appears on our records.
The Articles of Organization for this Limited Liability Compa	
Florida document number <u>L09000040</u> 20	ω
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5959 NW 55 Lang
(Principal office address MUST BE A STREET ADDRESS)	Tamarac fl 33319
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5959 NW 65 Lane Tamarac Fl 33319
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
	th Memillan
New Registered Office Address: 5956	Enter Florida street address
1 amo	W 232 W

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.

Henanging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>n Gr</u> m	Zerith MEMillan	5959 nw 55 lane Tamon	rac fl.
			□Remove
	-	Jude Bernard JasePh	Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

Effe	ctive date, if other than the date of filing:
(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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted in this block does not meet the applicable statutory filing requirements.
	ment'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: (b) The 90th day after the
ord is	filed.
	710810-0-
Date	d 7 28/2020.
	$\nabla u = 0$
	Signature of a member or authorized representative of a member
	Typed or printed name of signee