110000 2858°

| questor's Name) | |
|------------------|---|
| Iress) | |
| Iress) | |
| /State/Zip/Phone | e #) |
| ☐ WAIT | MAIL |
| iness Entity Nar | ne) |
| cument Number) | |
| Certificates | s of Status |
| Filing Officer: | |
| | |
| | : |
| | ! |
| | Iress) Iress) //State/Zip/Phone WAIT siness Entity Narr cument Number) |

Office Use Only



100321608391

81/35.115 - 810/00--00.1 •• 00 7.0

01/02/19--01099--001 **25.60

R. WHITE

JAN 1 1 2019

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: LAW OFFICES OF ANNA LENCUS, TSQ, 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: |
| ANNA LENCHUS Name of Person |
| LAW OFFICE OF ANNA LENCHUS, ESO., LLO |
| BOON FEDERAL HIGHWAY, SUITE 11 |
| Boyn RATON 1233432 City/State and Zip Code alenchus @ amail. wm E-mail address: (to be used for future angual report notification) |
| For further information concerning this matter, please call: |
| Anna Lenchus at (786) 326-6936 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION 2019 JAN -2 PM 5: 57 **OF**

ALL OF STATE imited 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 315 2010 and assigned Florida document number <u>L10000</u> W85X9

This amendment is submitted to amend the following:

| A. If amending name, enter the ne | ew name of the limited liability company here: | |
|---------------------------------------|--|--|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - Sun A Service Charles | |

| LAW OFFICE OF ANNALEN | ICHUS, ESQ, LLC |
|--|------------------------|
| The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: | BOO N. FEDERAL HIGHWAY |
| (Principal office address MUST BE A STREET ADDRESS) | SUITE 110 |
| | BOCA RATON, FL 33432 |
| Enter new mailing address, if applicable: | BOON FEDERAL MIGHWAL |
| (Mailing address MAY BE A POST OFFICE BOX) | SVITE 110 |

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: | 1300 N. FEDERA Enter Florida street ac | 1 HIGHWAY, SVITE |
| | BOBA RATON | . Florida <u>33432</u> Zap 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

BOUARATON

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 = M $AMBR = A$ | lanager .uthorized Member | | |
|--------------------|------------------------------|----------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | <u> </u> | Add |
| | | | □ Remove |
| | | | |
| | | | |
| | | | □ Remove |
| | | | Change |
| | _ | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| <u>_</u> | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | |

| | |
|-------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| Note | tive date, if other than the date of filing: [Coptional] (lifective 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) [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| the reb) Th | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | 12/26 2018 |
| | |
| | Signature of a member of authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00