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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FOR CEMONES Boy Law 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:	
HEA CPICH Name of Person FOR Company Firm/Company Firm/Company Address Address City/State and Zip Code FOR CEMONES BONS ON COMMON A NOT A	
For further information concerning this matter, please call: For further information concerning this matter, please call: For further information concerning this matter, please call:)YY
For further information concerning this matter, please call:	
HELA C. Kich "951,536-7766	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status S4 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

and agrigned The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: 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 designation "LEC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

Florida

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 **Title** Name **Address** Type of Action AMBR XZAYVIER RICH-GARRETT 7180 Signer Rich Remove AMBR Kameron Rich 7180 Sionna Riolge DR. Flander 3239 Remove □ Change □Add □ Remove □ Change □Add Remove Change \square Add □ Remove □ Change \square Add

□ Remove

□ Change

. It amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-1.16	
	
/	
(If an effective da Note: If the d	te, if other than the date of filing:
he record specif	fies 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. Dated	July 2000
	Signature of a member of authorized representative of a member
	How C Orh

Filing Fee: \$25.00