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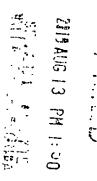
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## · COVER LETTER

TO: Registration Section Division of Corporations	
annia de la comuna	110
SUBJECT: JUDUACU V	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Joseph Denn Name of Person	5
Josalan U Firm/Company	<u>C</u>
417 S. Multary Tra	nil
UST Palm Beach, FL, City/State and Zip Code	33415
Corcity3©amai E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Jason Dennis Name of Person	at ( 5(q ) Lo 88 . 1880 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314
Exclosed is a check for the followin	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limi	Salan L	ny as it now appears on our	r records.)		
( <u>):une or me isim</u>	(A Florida Limited L	ny as it now appears on ou liability Company)	,		
The Articles of Organization for this Limited L Florida document number <u>L//000/3</u> 0		were filed on $\frac{12}{}$	2/11	_ and as	signed
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	f the limited liabi	ility company here:			
The new name must be distinguishable and contain the v	words "Limited Liabil	ity Company," the designation	on "LLC" or the abbrev	viation "L	L.C."
Enter new principal offices address, if applic	cable:		-		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		<u> </u>	5-3 1441 	
			<del>.</del>	AUG	( )
Enter new mailing address, if applicable:		<u> </u>	• •	. <u>.                                   </u>	
(Mailing address MAY BE A POST OFFICE	BOX)		- 115	25	· · · · ·
					<u> </u>
			in the state of th	00	
B. If amending the registered agent and registered agent and/or the new registered o			records, <u>enter the</u>	<u>name</u>	of the new
	\ \	· -			
Name of New Registered Agent:	<u>Jas</u>	on Denni	<u>`</u>		
New Registered Office Address:	4175	Mitay Enter Florida Arre	TYau et address		<del></del>
	west Pa	Im Beach	, Florida <u>3</u> ?	34 19 Zip Code	<u> </u>
		•		•	

## 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

**Type of Action** Title Address Name MGR Jaion Dennis 4175 military Trail 10 Add West Palm Beach, FL, 334 50 (Remove ☐ Change MGR Jason Dennis 4175 military trail Xxdd WST Palm Beach, FL, 334150 Remove ☐ Change □ Add □ Remove \_□ Change ☐ Add ☐ Remove Change  $\square$  Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

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n effe <u>)te:</u>	ve date, if other than the date of filing:
rec The	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.
ted_	August 11th 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00