# L12000074691

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAI	L ·
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration S Division of Co		<b>.</b>		
SUBJECT:		Unlimited USA ited Liability Company	<del></del>	
	Name of Lim	ited Liaothty Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	57	nante ( Stil		
		estorations Valinike Firm/Company	)	
		N. 21st Ave		_
		City/State and Zip Code		TO FEB 16
	E-mail address: (	Storahonsultd.com to be used for future annual report notif	ication)	20 PK
For further information	concerning this matter, please c	all:		6 M 8: 15
Shante	U Stail	at (954 ) 418	3600	ज 🚉
Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	the following amount:			
\$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 Stat Certified Copy (additional copy is end	

### 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	oility Company as it now appears on our	ISA UC
The Articles of Organization for this Limited Liability		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<b>1</b> F.G.
		日生
5 4 22 13 16 17 18		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		<b>8</b> 05 05 05 05 05 05 05 05 05 05 05 05 05
(Mulling dauress MAT BE A FOST OFFICE BOA)		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida
	City	Lip Couc

### 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 = Ma AMBR = Au	anager uthorized Member	•	
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Christopher Pico	2038 Hayes St.	Add
		2038 Hayes St. Hollymod R 33020	<b>A</b> Remove
			Change
MGRM	Richie Burns	1045 N. 21st Ac	<b>★</b> LAdd
		1045 N. 21st Ac Hollymost F 33020	□ Remove
			Change
			TÂLLAH!
			D Remove ်မွှင့်စို
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ective date, if other than the date of filing: 10/31/20 effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
ed 2/14/2017 12:30 pm	
Signature of a member or authorized	

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Filing Fee: \$25.00