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(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Ćit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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K. SALY OCT 15 2018

COVER LETTER

TO: Registration So Division of Cor		4.	
SUBJECT:	ONNOT Samuel Enter Name of Lim	prizes UC- lted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	heell Bear	Name of Person	
		Name of Person	
	The law Of	fices of Berman and Firm/Company	Berman
		Paten Blud.	
		1 A. 33431 City/State and Zip Code	
		becmen law group. com to be used for future annual report notif	
For further information of	concerning this matter, please ca	ail:	
Name o	of Person	at (<u>Stel</u>) <u>351 - 5</u> Area Code Daytime	ZUC Telephone Number
Englosed is a check for t			
\$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:

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

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	Or	solo AH a
Connot So Mue	Enterprises LLC. ed Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Li Florida document number	iability Company were filed on/ /8/20	
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	able:	LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/ registered agent and/or the new registered of		ords, enter the name of the new
Name of New Registered Agent:	Russell Berman (Staying	s Sune)
New Registered Office Address:	Pussell Berman (Staying 3351 NW Boxa Roton Enter Florida street ad	Blyd.
	Baa Ratin	
	C#Y	ZID COGC

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		Address Address		
<u>Title</u>	<u>Name</u>	Address	PALLAHASOLE WAST	Type of Action
				🗆 Add
				Remove
			 	Change
			<u> </u>	□ Add
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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) FILED 18 0CT -2 AH 6: 10 ANDA
. —	18 OCT -2
	/A// 6: //
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(If an effect <u>Note:</u> If	date, if other than the date of filing:
If the recor (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	··
	Alexander of the second of the
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00