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(Requestor's Name)			
(Address)			
(Address)			
	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>لي ل</u>	PLUEGED LLC Name of Lim	ited 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:	
	CRAIS	Name of Person	
	่ป.เคย	Firm/Company	
	102 Ca	NHEIZCE (SOAY) Address	·
		FUED FL 32771 City/State and Zip Code	
	CRAIC BAYES (E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
CPAIC BA Name o	4 141 f Person	at (<u>407)</u> <u>416 0</u> Area Code Daytim	68445 le Telephone Number
Enclosed is a check for the	ne 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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

UNPLUGGED,LLC	
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number 4/300003	ability Company were filed onand assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
	6
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREE)	10 to
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or the new registered off Name of New Registered Agent:	or registered office address on our records, enter the name of the nefice address here:
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	City Zip 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	ROBERT A. Lisi	500 IOTH ST. NE ATLANTA CA	30309 ØAdd
			Remove
			☐ Change
			Remove
		17.2 17.2 17.3 17.3 17.3	Change GAdd
			D Kemove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable stacument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier o
nted <u>08/28/2018</u>	
Signature of a member or authorized re	epresentative of a member

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Filing Fee: \$25.00