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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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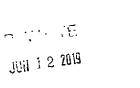
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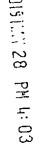


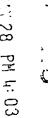
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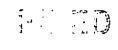




COVER LETTER

		itration Sec ion of Corp						
cup tea		SISSINE'S BUSINESS SOLUTIONS OF ORLANDO				>		
SOBJEC	∵l: <u> </u>		Name of Limi	ted Liabilit	y Compan	у		
The encl	los cd A	Articles of A	Amendment and fee(s) are sub-	nitted for	filing.			
Please re	eturn a	ill correspor	ndence concerning this matter t	o the folk	 pwing:			
			JOSEPH SISSINE					
			SISSINES OFFICE SYSTE		e of Perso	n		
			6123 PHILLIPS HIGHWAY	Firm	n/Compan	y		
			JACKSONVILLE, FLORIDA		Address			
			ADMIN@SISSINES.COM	-	e and Zip			
For furth	ner inf	ormation co	E-mail address: (to oncerning this matter, please ca		or future a	nnual report no	tification)	
JOSEP	H SIS	SINE			904	7390540		
		Name of	Person	at	Area Code	Daytii	me Telephone Number	
Enclosed	d is a c	check for th	e following amount:					
■ \$25.	.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cei	.00 Filing rtified Co stional copy	Fee & py y is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & Ppy
		Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314		Reg Div Clii 266	REET/COUR gistration Sect vision of Corpo fton Building of Executive Co lahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MAY 28 PH 4: 03

NDO LLC	£ ~:
any as it now appears on our rec Liability Company)	ards.)
y were filed on 07/22/2013	and assigned
bility company here:	
nility Company," the designation "l	LLC" or the abbreviation "L.L.C."
office address on our reco <u>re</u> :	ords, enter the name of the nev
Enter Florida street ad	dress
	, Florida
Ciţv	Zip Code
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e performance of my duties	I further agree to comply with the c, and I am familiar with and 95, F.S. Or, if this document is a that the limited liability
	Enter Florida street ad City Enter formance of my duties of provided for in Chapter 66

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 <u>Name</u> Address **Title BOBBY MORIN** 6123 PHILLIPS HIGHWAY MGR JAČKSONVILLE, FL 32216 **■** Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change 🗀 Add ☐ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effect <u>Note:</u> If	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the context of the date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	5/23/2019
	Signature of a member or authorized representative of a member
	JOSEPH SISSINE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00