# L13000109313

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
ified Copies	_ Certificates	of Status
ecial Instructions to	Filing Officer:	- <del>.</del>

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### **COVER LETTER**

Registration Section Division of Corporations

ECT:	<del></del>	<u> </u>	10
	Name of Limi	ited Liability Company	
inclosed Articles of a	Amendment and fee(s) are sub-	mitted for tiling.	
e return all correspor	ndence concerning this matter	to the following:	
		Militu A C	
		ACRS () OP 1	d wide 110
		3 YOW FI	logier St # 1002
	E-mail address: (	M. An, Fl City/State and Zip Code  Campbe III a to be used for future annual report notifi	33130 eQC12015 Q Smail-corp
further information co	oncerning this matter, please ca	all;	3
D. leen Name of	Person (	at (3:05) 7 Area Code Daytime	268894_ Telephone Number
closed is a check for th	ic following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companied Liability Companied Limited L	y as it now appears on our records.) ability Company)
Articles of Organization for this Limited Liability Company vida document number <u>L 130001093</u> 13	were filed on 082/2013 and assigned
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabil	lity company here:
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable: <u>incipal office address MUST BE A STREET ADDRESS</u> )	340 W Flogler #1002 mimm i F 1 33/30
ter new mailing address, if applicable: <u>Vailing address MAY BE A POST OFFICE BOX</u> )	340 WFlorler St # 1002 m. m. F133130
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

City

Zip Code

pending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added invoved from our records:

R = Manager

**BR** = Authorized Member

ē	<u>Name</u>	Address	Type of Action
2054	Gonez, Glana		
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
my ETR FOITH, 5 Conjany 27-2224131
NIW Address 340 WF10/14/5/#1002
MEN 1002 340 WF10jhust # 1002
Plas Remove MS Selsa Gener
AS mmcM.
ffective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
,
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the first filed.
Dated 11 10 20 Hourship 2000
Signature of a member or authorized representative of a member
Ailen H (mayob)