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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AREA1 LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Michael Martice A		
Name of Person		
1401 Bay RO Apt # 413		
Mimi Bacy, for 33/35		
City/State and Zip Code Martirena 96 C 9M4-L. Lom E-mail address: (to be used for future annual report notitication)		
For further information concerning this matter, please call:	 <u>≯</u> (2
Michael Martsrewa at (561) 310-3009 Name of Person Area Code & Daytime Telephone Number	至高	
Enclosed is a check for the following amount:		12 94 -
\$25.00 Filing Fee \$\Bigcup \text{\$\subseteq} \te	ing Fee, te of Statu Copy	s & 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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	_ and assigned
Florida document number 1 13000 170803.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		20113 DE
Enter new mailing address, if applicable:	Port of	
(Mailing address MAY BE A POST OFFICE BOX)	United States	~ !
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the</u>	ကagne of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss.
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:	
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and community accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	nplete performance of my duties, and I am s provided for in Chapter 608, F.S. Or, if	familiar with and this document is ed liability

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM,= Managing Member **Title** <u>Name</u> **Address Type of Action** Micha Martirena MGR 1401 BAY RO APH # 413 Migni basey, fc 33139 Remove 15941 CNOSA CT Locy Martineur Mohn WELLETW FC 33414 Remove Remove Add Remove Add Remove

lf amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
*	
_	
_	
_	
ed	12/9/13 1 20/3/
	Gichael Matica
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 DEC 12 PH) 1: 34