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N. Guilligan JIIL - 3 2019

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TO: Registration Section Division of Corpor					
SUBJECT:	halin 3 900153		r-	Inouali	1375, LL
The enclosed Articles of Am		, ,			·
Please return all corresponde	nce concerning this matter	to the following:			
	Leigh	Name of Person	s.h.11)	
		Firm/Company			
	1574	Address	Aug Sil	e Terra	لعه
	M, Ami	Fig. 2 City/State and Zip Code	33139	8	
-	EXNETO	USINTEKA to be used for future annua	let. Co	m	
For further information conc	erning this matter, please ca	all:	328		
Name of Pe	ZASJUD TSON	at ()	32.7 Daytime Te	1931 elephone Number	
Enclosed is a check for the f	ollowing amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	S55.00 Filing Fee		□ \$60.00 Filin	ig Fee,

Certified Copy

(additional copy is enclosed)

COVER LETTER

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION

2014 JUL -2 AM 11: 38

OF
Pohshio Bevenage annuation state FLORIDA
(<u>Name of the Limited Liability Company</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Lower Lower Lower Lieuwith Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

Page 1 of 3



' If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> Type of Action □ Add ____ Remove □ Add ☐ Remove ____ Add _____ Remove ______ Add _____ □ Remove ____ □ Add



_____ Remove

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Page 3 of 3

Filing Fee: \$25.00

