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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Rame of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
	Theike Sofi Name of Person
	Firm/Company
	3701 Davie Bld. Address
<u> </u>	Migrni TZ 233312 City/State and Zip Code
<u> </u>	<u>E-mail address:</u> (to be used for future annual report notification)
For further information concerning thi	

541 · 9008 Daytime Telephone Number . 90 Iner e()at (Name of Person Area Code

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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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: 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 A TO ARTICLES OF OF OF	RGANIZATION
(Name of the Limited Liability Company (A Florida Limited Liability	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 14100136670</u> .	ere filed on $\underline{Sept. 2, 2014}$ and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	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)	21 19 OCT
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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Irene Sofi
New Registered Office Address:	3701 Drive Blick
	Enter Florida street address
	FLAL Langed el Clale Florida 33312
	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, hereby confirm that the limited liability company has been notified in writing of this change.

gistered Agent, Signature of N If Changing H Registered Agent

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Page 1 of 3

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Inere Sufi	3701 Davie Bluck Fritland FC 333B	Add
		FaHland FL 33312	Remove
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			Change

D.	If amending	g any other	information,	enter	change(s) here:	(Attach	additional	sheets, i	if necessary	:.)
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If the 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 record is filed.

Dated Octob	er D	2019		
			din	
	Signature	e of a member or authorized	representative of a member	
		Joke Sol		
Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00