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COVER LETTER

· Division of Co	rporations	•	
	CURITY LLC		
30Bile1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ted D'Apuzzo, Esq.		
		Name of Person	
	The D'Apuzzo Law Firm		
		Firm/Company	
	2755 E. Oakland Park Blv	d. Suite 303	
		Address	
	Fort Lauderdale, FL 3330	6	
		City/State and Zip Code	
	nikkik0913@gmail.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	concerning this matter, please c	all:	
Ted D'Apuzzo, Esq.		954 507-4074	
Name c	n' Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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

TO:

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 **OF**

ARTICLES OF ORGANIZATION

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L14000157329</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>_</u>
Principal office address MUST BE A STREET ADDRESS)		8 ≦ <i>(i</i>)
		<u> </u>
		19 15 15 15 15 15 15 15 15 15 15 15 15 15
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5 6
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3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
		*** * * * * * * * * * * * * * * * * *
	Cuv	FloridaZip Code
	•	•

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nikki Kridlow	2821 E. Commerical Blvd., # 204	
		Fort Lauderdale, FL 33308	□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
		<u>-</u>	Remove
			Change
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			Change

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ffective date, if other than the date of filing:		(optiona	D
an effective date is listed, the date must be specific and cannot be prior to da lote: If the date inserted in this block does not meet the applicable		an 90 days after tilir	ig.) Pursuant to 605.02
ocument's effective date on the Department of State's records.	statutory rining req	unements, this da	te will not be listed t
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time	, at 12:01 a.m	. on the earlier
The 30th day after the record is filed.			
ated June 25			
Th	\sim $/$		
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	V		
Signiture of a member or authorized	representative of a r	nember	

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Filing Fee: \$25.00