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(R	equestor's Name)				
(A	ddress)				
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(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Nam	ne)			
(D	ocument Number)				
Certified Copies	Certificates of Status				
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: COA	Ste Hijher Name of Lin	Jhvestnet Divid Liability Company	5,46
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michael	Del Gal Jo Name of Person	
	Coastel H	ghun Fruesa G Firm Company	Iments, LCC
	331 Mar	shsile Dr. No Address	1+4
	St. Ary Jelgals E-min address:	City/State and Zip Code Cod Jalango to be used for future annual report not	32.80 (heation)
For further information co	oncerning this matter, please c		,
Michel Di	el Galdo Person	at (TOP) ZZZ- Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	was it now appears on our records.
The Articles of Organization for this Limited Liability Company Florida document number <u>L 150000 6088.7</u>	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be disanguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DINIA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D/N/A
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	A
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

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
AMBR	Michael T. Del Golds Family Trust		□Add
	O		Remove
			□Change
AMOR	Michael T. Delbold		Add
	•		□Remove
			Change
			□Add
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fective date, in an effective date is ote: If the date occument's effections	s listed, the date inserted in th	e must be speciti iis block does i	ic and cannot not meet the	e applicable s	of filing or mo	re than 90 days requirements	optional) after filing.) Pu , this date will	rsuant to 605.0207 not be listed as
record specifies is filed.	a delayed e ffe	ective date, but	t not an effe	ective time, at	12:01 a.m. or	n the earlier o	f: (b) The 90	th day after the
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ated					/			
ated		Signature	of a member	or authorized	representative o	t a member		