## L15000/03593

(Requestor's Name)	
(Address)	000324614930
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/21/1901007021 **25.0
(Document Number)	
Certified Copies Certificates of Status	
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	2019 FEB
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

SMACK 1706 Enter	prises _ (2) EB 21 PM 2:21
SMACK DOG ENTER (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)  [All Lorent Sole E, F]
The Articles of Organization for this Limited Liability Company w	rere filed on June 12, 2013 and assigned
Florida document number <u>L 15 060 103 5.93</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	112 Ê. GADSDEN LN
(Principal office address MUST BE A STREET ADDRESS)	COCOA BEACH, FL
	32931
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
registered agent and/or the new registered whee doctess here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete p	performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of	
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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

**Title** Name <u>Address</u> **Type of Action** AMBR Ginger A Rodriguez 112 E Gadsden LNEXAdd
Cocoa Beach, F1 32931 ☐ Remove \_\_□ Add ☐ Remove \_\_ 🗆 Change 🗖 Add \_□ Remove □ Add ☐ Remove \_\_\_\_\_ Change ☐ Remove □ Change □ Add \_□ Remove \_\_\_\_ Change

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an efi iote:	tive date, if other than the date of filing: 1-1-2019 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
ated	Feb 20 12019. Della
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00