L15000114753

(Re	equestor's Name)	
(Ac	ldress)	
·	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
		·
(Do	ocument Number)	
tified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	
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Office Use Only



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OCT 2 9 2020 S. YOUNG



COVER LETTER

: Registration Sec Division of Corp			
	. (5	*	,
BJECT:	Name of Lim	ited Liability Company	<u> </u>
	Name of Lini	med Diabonty Company	
enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
ase return all correspo	ndence concerning this matter	to the following:	
	- Mary He	Name of Person	
	<u>C.D.y.</u> L	Firm/Company	
	11765,5	ederal Hay 301	
		City/State and Zip Code	
	E-mail address: (Catica esi can unita Co	fication)
further information co	oncerning this matter, please c	all:	
Name of	Person	at (954) (681– Area Code Daytim	1536 e Telephone Number
losed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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 Tallahassee, F	ection orporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

-	1, LLC		超0.	S 0.7	-77
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)	EP 2	
Articles of Organization for this Limited Li	ability Company	were filed on	<u>03/304</u>	and o ssi	gned
rida document number <u>ㄴ 15000[14</u>	<u> 753</u> .			6: 32	(,
s amendment is submitted to amend the follo	owing:		- Ş	32	
If amending name, <u>enter the new name of</u>	the limited liab	ility company here:			
new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abb	reviation "L.1	C."
er new principal offices address, if applic		101 Gazes			
ncipal office address MUST BE A STREE	T ADDRESS)	Boca Raturi	FL 3343	<u>a</u>	
			.))	2 - :	
er new mailing address, if applicable:	nav.	M265, Fede	COLL HOUSE	<u>かみり</u> ネフリ	
iling address MAY BE A POST OFFICE	<u>80A)</u>	DOLF MILES	1. 6 4-7 J	321K	
f amending the registered agent and/or re it and/or the new registered office addres	*,*	address on our records,	enter the name	of the new	registered
Name of New Registered Agent:	Danu	C. Herrandez	. noes,		
New Registered Office Address:	11765	Tede-al Hoy Enter Florida street	394 address		
	Foot	auderdale City	Florida <u> 3</u>	33\b Zip Code	

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 2t the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 3 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 2 any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

R = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
<u>—</u> 	Jonathan Cardon	1 DIE Stedral Huy 324	DAdd
		Fort Laudertale, FL 33316	□Remove
		1126 S Federal Hwy 324	
Moser	Givany Cardon	Fost Landrake, Fr. 3316	Add
			□Remove
		1124 STEderal Highway3	Change
<u> </u>	Dancy C. Herrandez	Fort Landercab, FL33316	\ Add
			Remove
			🗆 Change
			□Add
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effe <u>e:</u>	ve date, if other than the date of filing:
core i fil	I 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 ed.
ed _	September 15 2020.
	Signature of a member or authorized representative of a member
	Czi Ovamy Caracana Typed or printed name of signee

If