

| (Re                     | equestor's Name   | )            |
|-------------------------|-------------------|--------------|
| (Ad                     | Idress)           |              |
| (Ad                     | ldress)           |              |
| (Cit                    | ty/State/Zip/Phor | ne #)        |
| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | isiness Entity Na | ime)         |
| (Do                     | ocument Number    | )            |
| Certified Copies        | _ Certificate     | es of Status |
| Special Instructions to | Filing Officer:   |              |
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Office Use Only



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SECRETARY OF STATE

ALL VIEWELL STATE

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## COVER LETTER

Registration Section TO: **Division of Corporations** 

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check for the 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 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 ARTICLES OF ORGANIZATION OF

|  | ianna                            |   | )<br>/                                | <u>.</u>              |
|--|----------------------------------|---|---------------------------------------|-----------------------|
|  |                                  | ny as it now appears on<br>liability Company) |                                       |                       |
| The Articles of Organization for this Limited Liab Florida document number 2 150001          | ility Company<br><u>627</u> . 14 | were filed on <u>09</u> -                     | -18-2019                              | and assigned          |
| This amendment is submitted to amend the follow  | ing:                             |   |                                       |                       |
| A. If amending name, enter the new name of the   | he limited liabi                 | ility company here:                           | N/A                                   |                       |
| ,  |                                  |   | •                                     | •                     |
| The new name must be distinguishable and contain the word                                    | ds "Limited Liabil               | ity Company," the desig                       | nation "LLC" or the                   | abbreviation "L.L.C." |
| Enter new principal offices address, if applicab   | le:                              | NA  | · · · · · · · · · · · · · · · · · · · | S 3 7                 |
| (Principal office address MUST BE A STREET   | ADDRESS)                         | <del>- · · · · ·</del>                        | <u></u> <u></u>                       | 28                    |
|  |                                  |   |                                       |                       |
| Enter new mailing address, if applicable:  |                                  | N/A   |                                       | 2 3 C                 |
| (Mailing address MAY BE A POST OFFICE BO   | <u>2X)</u>                       | <del></del>                                   |                                       | 3> **                 |
| B. If amending the registered agent and/or registered agent and/or the new registered office |                                  |   | ır records, <u>ente</u>               | r the name of the new |
| Name of New Registered Agent:  | N/A_                             | 0.5.4.  |                                       |                       |
| New Registered Office Address: ✓   | <u>3090</u>                      | Michigo<br>Enter Florida                      | M CWC<br>street address               | nue                   |
|  | Kissin                           | nmee  | , Florida _                           | 34744                 |
|  |                                  | 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, 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   |
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| dectiv     | ve date, if other than the date of filing: (optional)   |          |
| i an eileo | ective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list | 5.02     |
| docume     | ent's effective date on the Department of State's records.  | tcu      |
|            |   |          |
|            | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.  | er       |
| me :       | Sour day after the record is filed.   |          |
| Tated      | 10-19-2015  |          |
| Jaicu _    |   |          |
|            | Ei-f)//:  |          |
|            | Signature of a member or authorized representative of a member  |          |
|            |   |          |

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Filing Fee: \$25.00