# U5000 186680

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Amend

SEP 1 L 2019 I ALBRITTON

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	E USA U.C. Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fec(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
		Name of Person	70~
	VILLE	Firm/Company	
	60152	21 Ave Address	
	HOLLY	WOOD FC City/State and Zip Code	33020
	E-mail address: (to	be used for future annual report in	otification)
For further information cor	cerning this matter, please cal	N:	
Vi(TOCIA Name of I	+ CATDELOI	$\sim$ at $(\frac{726}{\text{Area Code}})$ $\frac{27}{\text{Day}}$	19008 time Telephone Number
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

(Name of the Limited Liability Compa	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000186</u> 8	were filed on 11/03/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I.I.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Hollywood 7	<u>7 33020</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1270 Nt 97 171Ami situu 33138	es Fr
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
- <del></del>	, Florida	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
~			Add
		<del></del>	□ Remove
			□ Change
	<del></del>		
			Remove
			Change
	<del></del>		Add
			□ Remove
			Change
			□ Remove
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		Change	
		<del></del>	☐ Remove
			☐ Change

. Hamen	uning any other mitorination, effect Change(s) here. (Mitach datamoval success, y meets any other mitorination, effect Change(s) here. (Mitach datamoval success, y meets any other mitorination).
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Note: If	e date, if other than the date of filing: 08/27/19 (optional) live 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 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	08/27/19
	Signature of a member or authorized representative of a member
	VICTOTA CADETON  Typed or printed name of signee

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Filing Fee: \$25.00