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COVER LETTER

Division of C			
SUBJECT:	Inkace,	, lic	
30bj.c1:	Name of Limite	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.	
Please return all corres	spondence concerning this matter to	the following:	
	Brenda	Name of Person	
	Ja	MULAKEY, LLC	
		Firm/Company	
	170 W	E 2nd St #7	40
		Address	
	Bo	ca Ratin, FI	33429
	1 0	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	ication)
For further information	concerning this matter, please call	:	
ل	ay Revbers	at (S61) 5704-	3440
Nanv	e of Person	Area Code Dayting	Telephone Number
Enclosed is a check for	r 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 ORGANIZATION

OF	生 美国
Januquex,	ري الله الله الله الله الله الله الله الل
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on 10/19/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	170 NE 2nd St #74[Boxa Rann, FC 3342"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	· ————————————————————————————————————
Name of New Registered Agent:	Breida Newfield

New Registered Office Address:

BocaRainon Florida 33429

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actic
MAR	Beerda Newhold	170 NEZNUST. #742	
		Beakway, FL 3342	<u>G</u> □ Remove
			Change
MLA	Elwa Miller	170 NE 2nd JF#740	_ □ Add
		BorgRuss, Fl 3342	Remove
			Change
			🗆 Remove
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			🖸 Add
			Remove
			Change
			□ Remove
			Change

<u></u>	
If an effecti Note: If t	date, if other than the date of filing:
document	's effective date on the Department of State's records.
he recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	August 15 . 2019
	Bruda Newful Signature of a member or authorized representative of a member
	Breid Newfield
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00