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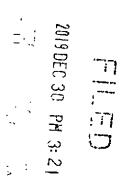
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(D.:	airean Entite Name	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
		





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Y SULKER JAN 2 8 2020

Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	· .
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stefany	Mullan Name of Person	
		Firm/Company	
	924 SE 2nd	1 St. Apt # 13 Address	
	Fort Lauderdo Stefany Nig	City/State and Zip Code Of 1 (2 100) Com to be used for future annual report notified.	ication)
For further information of	oncerning this matter, please ea	all:	
Ote fany My Name o	λ∏¢Λ f Person	at (A07) 271-2 Area Code Daytime	794 e Telephone Number
Enclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	dimpany as it now appears on	Our records		
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	iour recorus.		
The Articles of Organization for this Limited Liability Com Florida document number LIU0005143	pany were filed on	22/16	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C	3 "
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>	201	
			JO.	ii
		· · · · · · · · · · · · · · · · · · ·	C 30	
Enter new mailing address, if applicable:			. 	i i i
(Mailing address MAY BE A POST OFFICE BOX)				J
		%		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our recor	rds, <u>enter the name o</u>	f the new r	<u>egistered</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	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 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>	Name	Address	Type of Action
MGR Stefany Myllon	Stefany Myllon	974 SE 2nd St # 23 FU 33301	_ TAdd
			□Remove
		🗆 Change	
			_ □Add
			□Remove
			DChange
			_ □Add
			_ ©Remove
			□ Change
			_ □Add
			_ □Remove
			_ Change
			_ □Add
		_ 🗆 Remove	
		_ Change	
	 	_ 🗆 Add	
			_ □Remove
			Charme.

Page 2 of 3

(If an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 20. 2019.
	J M WUM.
	Signature of a member or authorized representative of a member Stany Mulla
	Stefani Mullon
	Typed or printed name of signee