# Proposorial

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### **COVER LETTER**

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SUBJECT	:	<u>- nê god</u>	Name of Limi	edia ited Liability	Company	0, 6	110	<i></i>		
The enclose	ed Articles of A	mendment and	fee(s) are sub	mitted for fil	ing <sub>;</sub>					
Please retur	n all correspond	lence concerni	ng this matter	to the follow	ing:					
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For further	information con	cerning this m	atter, please ca	Al:						
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Enclosed is	a check for the	following amo	ount:							
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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

# TO ARTICLES OF ORGANIZATION

Liability Company as it now appears on our records.)

A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned Florida document number 2/6000070074 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) -45 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ψŋ 85 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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>	Name	Address	Type of Action
		125 Oak Band Ct.	
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) ine	90th day after the record is filed.			
Dated	May 34 , 3016			
	Monique Signature of a member or authorized representative of a member  Monique Gregory  (Typed or printed name of signee)	<u></u>	्व इ.स. इ.स.	- Andread
			- T- C	क्र अञ्चलक क्राम्ब्रह्म
	Nough Gregory (Typed or printed name of signee)	<u> </u>	<u>က</u> က	1 - <b>[7]</b>
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Filing Fee: \$25.00