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COVER LETTER

SUBJECT: <u>[] 959</u>	ic Man Bail	DEY Shop LLC ited Liability Company	
•	Name of Lim	ited Liability Company	-
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Janio 1	MU //eV Name of Person	
		Name of Person	
	Classic,	Man Balder Shop	O LLC
	4090 N	W 167 +. Address	
	Mean Jand	City/State and Zip Code City/State and Zip Code Cisho P167 C 9 m er, L to be used for future annual report notifi)
	Classic man Barye E-mail address: (to be used for future annual report notifi	CDM .
For further information co	ncerning this matter, please ea		
	-		
JANIO MY	1/2/	954 745-7	307
Name of	Person	at (<u>954</u>) <u>245-7</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section Division of Corporations

> 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 Limit	Dar Bec	N as it now appear	LL C		
\ <u></u>	(A Florida Limited I	liability Company)	,		
The Articles of Organization for this Limited Li	ability Company	were filed on _	5/12/2016	and assigned	
Florida document number <u>L 1600093</u>			•		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company h	iere:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the	designation "LLC" or the	abbreviation "L.I.,C."	
Enter new principal offices address, if applications	able:	4090	NW 167	st.	
(Principal office address MUST BE A STREE	T ADDRESS)	Highi	NW 167 Gardens, Rl	33054	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>				
B. If amending the registered agent and/oregistered agent and/or the new registered of	fice address her	<u>:</u> :	n our records, <u>ent</u>		<u>:W</u>
Name of New Registered Agent:	Janio 1	·			
New Registered Office Address:	4090 1	VW 167	st ·		
		rater rate	rida street address , Florida	33°5√	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

01

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

ann V

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Janio Muller	4090 NW 167 st. Migni, Fl. 33054	<u></u> ⊞√dd
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ctive date, if other than the date of filing: $\omega/3$	28/2017 (optional)
effective date is listed, the date must be specific and cannot be prior	to date of filing or more than 90 days after filing) Porsount to 605
e: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records.	able statutory thing requirements, this date will not be list.
ecord specifies a delayed effective date, but no	t an effective time, at 12:01 a.m. on the earlie
ne 90th day after the record is filed.	
1/201	
d 6/28/ 2017	<i>7</i> _ ·
(/: 111 lb	
	; e
Signature of a member or author	orized representative of a member

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Filing Fee: \$25.00