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SEP 1 0 2019 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The c	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	HUBERT W2155CINKETZ Name of Person	
	Firm/Company	
	12625 800 78 AVE Address	
	MIA to 3:3156 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	<u>>_</u>
For ft	urther information concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Number	
Enclo	osed is a check for the following amount:	
jX s	25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

1.7.1	1:0	Pir Will
WELEND	UC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	# 8 15
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	⊸ '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
·	, and 100 grants	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning dates MAT DE ATOST OFFICE BOAT		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>e</u> ress here:	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florid	la
*········	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 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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR	WILLIAM WEISSLINGS	n 12625 Sw 78 AM	Add
		MIA, PL 33156	☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change
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te: If the date inserte	r than the date of f the date must be specified in this block does r te on the Department	not meet the applica	o date of filing or more t ble statutory filing re	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 605.0203 will not be listed as
record specifies a he 90th day afte	a delayed effective r the record is fil	ve date, but not ed. \	an effective time	e, at 12:01 a.m. c	on the earlier o
	wat 19th	2019	_ ·		
ed	73. (1	1 1 1.			
ed	, (1/2/	ized representative of a	member	

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Filing Fee: \$25.00