L16000121191

(Req	uestor's Name)	
DbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration S Division of Co			
	DLUTION		
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DIANE CAZIMIR		
		Name of Person	
	YOUR SOLUTION		
		Firm/Company	
	5801 NW 56TH PLACE		
		Address	
	TAMARAC, FLORIDA 3	3319	
		City/State and Zip Code	
	YOURSOLUTIONCLEAN E-mail address: 0	UNG@GMAIL.COM to be used for future annual report notification)	_
For further information	concerning this matter, please c	•	
DIANE CAZIMIR		954 3053626 at()	
Name	of Person	Area Code Daytime Telephone Nur	nber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
The Articles of Organization for this Limited L Florida document number $\frac{1.16000121191}{1.0000121191}$		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	iny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA	ET ADDRESS)	020 [
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		EC 22 FH
3. If amending the registered agent and/or	registered office address on o	our records, enter the name of the new regist
ngent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	DIANE CAZIMIR	
New Registered Office Address:	5801 NW 56TH PLACE	
	Ent	ter Florida street address
	TAMARAC	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 remoyed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	WIDNEY MOISE	2809 S. OAKLAND FOREST DR 102	□Add
		OAKLAND PARK, FL 33309	■Remove
			☐ Change
AP	KAREN PIERRE	1750 NE 191ST STREET APT 102	□Add
		MIAMI FLORIDA 33179	■Remove
			20% FIL
			PH Remove
			— ⊕ ⊕Change
		_	□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date made inserted in this locument's effective date on the	ust be specific a block does no	and cannot be p	olicable statu			filing.) Pursuant	
record specifies a delayed effect	ive date, but n	iot an effectiv	e time, at 12:	:01 a.m. on the	earlier of: (b)	⊢ The 90th da	ay after the
Lis tiled.							
DECEMBER 17	(1) (1)	2020					
d is filed. DECEMBER 17 Dated	Signature of			esentative of a r	number.	_	

Filing Fee: \$25.00