## L16000167664

(Requestor's Name)
(Address)
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## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJE	ст: ДОС	Swoot Aut Name of Limit	O LLC led Liability Company	<del>,</del>
The enc	losed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please r	return all correspond	ence concerning this matter t	o the following:	
			Name of Person	
		2200 HILE ZEPHYRI	DA ANN RD. HILLS, FL 33450 UN	
			Address	
		Mr. Ghazel 74 JE-mail address: (1	City/State and Zip Code	otification)
For fur	ther information cor	seerning this matter, please co	all:	
(	(Cabriel) Name of t	Hazel Person	at ( <u>\$13</u> ) <u>359</u> Area Code Days	3154 ime Telephone Number
Enclos	ed/is a check for the	following amount:		
<u> </u>	5.00 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 So Division of Co P.O. Box 6327	ection rporations	Street Address Registration Division of C The Centre o	Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

AKIIC	LES OF ORGANIZA	HUN	
	OF		202
(Name of the Limited I	iability Company as it now appear lorida Limited Liability Company)	ars on our records.)	100.7 28 P
The Articles of Organization for this Limited Liabil	lity Company were filed on	09/08/	10/16 5
Florida document number <u>L 160001676</u>		<del></del>	an Passigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the o	lesignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	;		
(Principal office address MUST BE A STREET A.	DDRESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our r re:	ecords, enter the n	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
_	<del></del>	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>	<u>Name</u>	Address	Type of Action
AMBR	Derrick Knight		□Add
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			□Add
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f an eff Note:	ective date is liste If the date inse	ed, the date erted in thi	the date of filing: must be specific and c s block does not me e Department of Sta	cannot be prior to day set the applicable	te of filing or m statutory filin	ore than 90 days aff	tional) ier filing.)! his date w	Pursuant to 605,0207 ill not be listed as
recor d is fil		layed effe	ctive date, but not a	n effective time,	nt 12:01 a.m. e	on the earlier of:	(b) The	90th day after the
Dated	Octo	ber	25.	2020	,			
					<i></i>			
				ember or authorized				
			( - \ 1	rel la	_ 4			