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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ed Copies Certificates of Status Certificates Officer Certificate	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
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Office Use Only



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## COVER LETTER

Registration Section

TO:

Div	ision of Corp	porations		
		USE WORDS LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		KIMBERLY KUUSELA		
			Name of Person	
			Fum/Company	
		5765 NW 24TH STREET		
			Address	<del></del>
		MARGATE, FL 33063		
		UMTHUSSELECTION FORM	City/State and Zip Code	
		KKUUSS6@GMAIL.COM E-mail address: (	to be used for future annual report no	tineation)
For further i	nformation c	oncerning this matter, please ca	ill:	
KIMBERIA	Y KUUSELA		954 464-8595 at ()	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is	a check for ti	ne following amount:		
<b>≅</b> \$25.00	Filing Fee	S30.00 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
Re	niling Addrest egistration S vision of C		<u>Street Address:</u> Registration S Division of Co	orporations
Ρ.0	O. Box 632 Hahassee, l	1.7	The Centre of 2415 N. Mon: Tallahassee, F	oe Street, Suite #10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records Liability Company)	<u>.</u> )
y were filed on <u>01/13/2017</u>	and assigned
bility company here:	
ility Company," the designation "LLC"	or the abbreviation "L.L.C."
	.:
	20 FEB
address on our records, enter t	the name of the new regis
	. ==
<u>t</u>	were filed on 01/13/2017  bility company here:  ility Company," the designation "LLC"

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Add
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tote: If the date inserted in this block of	loes not meet the applicable statutor	ng or more than 90 days after by filing requirements, thi	s date wi	ill not be lis	5.020 ted (
ocument's effective date on the Depart	ment of State's records.				
record specifies a delayed effective dat	e, but not an effective time, at 12:01	a.m. on the earlier of: (t	o) The <sup>(</sup>	90th day afte	er th
Lis filed.					
, FEBRUARY 9TH	2020				
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Sign	same or a member of authorized represe	mative to a member			
KIMBERLY ŘÚÚSELA					

Filing Fee: \$25.00