## 117000032762

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DIVISION OF CORPORATION

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	J. Si erro Name of Limi	The LLC	<del></del>
The enclosed Articles of	Amendment and fec(s) are subt	mitted for filing.	
Please return all correspo	ndence of occurring this matter	to the following:	
	<u>Jennife</u>	Silva Name of Person	
		EVYG DP LCC .	
		54th Street	<del></del>
	Hickegh, F	City/State and Zip Code	
	ii-mail address: (	to be used for future annual report notif	cation)
For further information c	oncerning this mader, please or	all:	
Innife Name of	S erra f Person	at ( <u>Mb</u> ) <u>324</u> . Area Code Daytime	E468 Telephone Number
Enclosed is a check for the	he following amount:		
♥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (ad Frional copy is enclosed)	☐ \$60.00 Filing Fee,  Certificate of Status &  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

Oname of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \frac{17000032762}{\text{.}}\).	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	365 W 54th Street Higher FL 33012
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	365 W S4th Street Hialean, FL 33UIT
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	SECRE SECRE JUN NO.
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City . Florida

I hereby accept the appointment as registered agent and agree to cot in this capacity. I further agree to comply with the provisions of all statutes relative to the project and complete performance of my auties, and I can 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 Type of Action <u>Title</u> Name <u>Address</u> \_ 🗆 Add \_□ Remove \_ Change □ Add ☐ Remove \_\_ Change \_□ Remove \_\_ 🗆 Change □ Add \_□ Remove ☐ Change ☐ Remove \_□ Change \_\_\_\_ 🗆 Add \_\_\_\_ Remove

\_ Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note:	we date, if other than the date of filing:	rsuant to 6 I not be li	605.0207 isted as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ear	lier of
Dated <sub>-</sub>	May 30th 2019.		
	Signature of a member or authorized representative of a member		
	4		

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Filing Fee: \$25.00