## 11000 40583

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FILED

D. SCOTT DEC 1 1 2018

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## **COVER LETTER**

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TO: Registration S Division of Co			
SUBJECT:	We The Fly	ted Liability Company	
	same of Lim	area mataniny company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	2016
Please return all corresp	ondence concerning this matter	to the following:	2018 DEC
	Bigs	Name of Person	
	Wett	Firm Company	
	dur	Address	
		Chy/State and Zip Code	<del>-</del> <del>-</del>
For further information	E-mail address: (	مت مدينا (@ م مدر) ، دن م to be used for future annual report notifi all:	cation)
B: nes	Payse	at ( <u>954</u> ) <u>93y - (</u> Area Code Daytime	<u>4644</u>
Name	of Person /	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee Space Br	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)
Regist Divisi P.O. I	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n ations ner Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability (		121/17	and assigned
Florida document number <u>170000 4058</u>	<u>3</u> .		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designa	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		· · · ·	
(Principal office address MUST BE A STREET ADD.	<u>RESS)</u>		
			دمبر دمب +
		<u>,</u> .	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · ·	
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	<u> </u>	;	 ح
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		records, <u>enter t</u>	he name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sti	eet address	
		[2]	
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Julius Jesseh	2040 Schuller 1224	Add
		Que Schuller 12-	Remove
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		<u> </u>	Change
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<del>_,</del>			🖸 Add
			🔄 🗋 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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<b></b>			<sup></sup>	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	11. 30 November 30 2015	
-	Signature of a member or authorized representative of a member	-
	BICNOS Parme Typed or printed name of signee	_
-	Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00