## LI70000 656565

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	gistration Sect vision of Corpo				
enn mzw.			LY BA LLC		
SUBJECT:			nited Liability Company	<del></del>	
The enclose	d Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return	n all correspond	dence concerning this matter	to the following:		
			Edwell Lima		
			Name of Person		
			EARLY BAILLC		
			Firm/Company	<del></del>	
			2488 W 64th PL		
			Address		
			Hialeah, FL 33016		
			City/State and Zip Code		
			elima@earlyba.com		
			to be used for future annual report notifica	tion)	
For further i	nformation con	cerning this matter, please c	all:		
	Edwell I	ima	786 487 - 3209		
	Name of P	erson	Area Code Daytime T	elephone Number	LI kid 1002
Enclosed is	a check for the	following amount:			2 - 7
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclo	F &
Re	iling Address: gistration Sec vision of Cor		Street Address: Registration Section Division of Corpo		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E E	EARLY BAILLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/27/2017	and assigned
Florida document numberL17000068865			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ted liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Lumi	ited Liability Company," the de	signation "LLC" or the c	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our re	cords, <u>enter the nar</u>	ne of the new register
agent and/or the new registered office address here.			> 1
Manner Extend Declarated to the			= フ
Name of New Registered Agent:			<del></del>
New Registered Office Address:		<del> </del>	
	Enter Floric	la street address	
		, 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>	Name	Address	Type of Action
AMBR	Lissett Roman	2488 W 64 PL	□Add
		Hialeah, FL 33016	■Remove
			☐ Change
			□Add
			□Remove
		·	□ Change
<del></del>			□Add
			□ Remove □ Change
			<b>∑</b> Remove
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fective da	ite, if other than the date	e of filing:	05/12/2021	(optional	
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record spec	ities a delayed effective date	e, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) 1	The 90th day after the
is filed.					
is filed.	May, 12	2021	_		
is filed.	May. 12	2021	- 9		
is filed.			Eg	ma)	<del></del>
is filed.		ature of a member or author	orized representation	ma) Digwiember	<del></del>

Filing Fee: \$25.00