## L17000090348

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:





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## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	SL - Or Name of Lir	ange City, Luc	
The enclosed Articles of A	mendment and fee(s) are sui	bmitted for filing.	
Please return all correspond	dence concerning this matter	r to the following:	
	1	Name of Person  Senjar Li  Firm/Company  Address  Address  City/State and Lip Code  City/State and Lip Code  City/Company  City/State and Lip Code  City/State and Lip Code	2023 HAR 13 AM 9: 25 Mon st. comp. FL fication)
/ \ 1	cerning this matter, please c	all:  at (305) 428  Area Code Daytim	- 2450 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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:		Street Address	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	ability Company as it how appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 170000</u> 90	ty Company were filed on $4/24/2017$ and assigned
This amendment is submitted to amend the following	<del>j.</del>
A. If amending name, enter the new name of the I  15 L - Bray  The new name must be distinguishable and contain the words "I	
Enter new principal offices address, if applicable:	D.G.C.
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2023 HAF SEC. :- TALI
	3
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida Zin 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 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
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Filing Fee: \$25.00