L17000099507

()	Requestor's Name)
(/	Address)
(/	Address)
((City/State/Zip/Phone #)
()	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	Office Use Only

.

15



12/05/19--01020--034 **30.00

FILED 19 DEC -S R I: 21 15 C -S R I: 21 MULWHANSLE, FLOWDA

1

JAN 1 1 2020 S. YOUNG

COVER LETTER



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

2530.00 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: 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			
то			
ARTICLES OF ORGANIZATION	22	19	
OF	Mi Ail	0EC	η
Singlethanders ENTERALISES ULC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		<u>-2</u>	LED
The Articles of Organization for this Limited Liability Company were filed on $05/24/20$ Florida document number $82 - 1446866$.		بہ nd assij	gned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

9172	(olli	NS	Ave.	्रम	304
SURD	Side	Į.	}	33	154

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	CYNTHIA G. BORKOSKI
New Registered Office Address:	<u>9333 Clarlyht Alle</u> Enter Morida street uddress
	DUK DSI'AC Florida <u>23454</u> 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 Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	<u>Type of Action</u>
AMJK	Cynthia G. BORKOSKI	9333 CURIYLE AVE.	Add
		SURFSIDE FL 3315	
			Change
MGK	Victor Q. Borkosk	: 9172 (billins Ave.	🖸 Add
		# 304	C Remove
		SURFSIDE \$13315	Change
			🗆 Add
			Remove
			Change
·		<u> </u>	🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			Remove
		<u> </u>	Change
			🗆 Add
			🗆 Remove
			_□ Change

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

••••••••••••••••••••••••••••••••••••••			
		· · ·	
	· · - · · ·		

E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 26 NOVE niter 2019
Signature of a member or authorized representative of a member VICTOR USCHR BOR (VSKI' Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

.