# 47000131170

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200321074172

11/26/18--01048--025 \*\*25.00



K. SALY DEC -3 2018

## **COVER LETTER**

TO: Registration Section Division of Corpora			
510	nplify fifts L	LC	
SUBJECT:OH	Name of Limit	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	ace concerning this matter to	o the following:	
-	Justin	Hemunde Z Name of Person	
		Name of Person	
-		Firm/Company	
-	4200 Hil	Mcrest Drive #804	
-	Holly	Wood, FL 33021 City/State and Zip Code	
_		nandez 6 Damail COM	fication)
For further information conce	erning this matter, please cal	II:	
Justin Hey.	nand(L	at ( <u>73</u> ) <u>447-390</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	flowing 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:

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

)	$F_{L}$
RGANIZATION	10. 16.20
1	NOV 20 (2)
	13 mg AH 10
'S LLC	18 NOV 26 AH 12: 10  cords.)  and assigned
y as it now appears on our rec	cords.)
ionity Company)	- ORIDA
vere filed on June 15°	and assigned
ty company nere:	
Company," the designation "l	LLC" or the abbreviation "L.L.C."
	<del></del>
	d
	ords, enter the name of the nev
_	
Enter Florida street ad	ldress
	RGANIZATION  S LLC  Y as it now appears on our recability Company)  Were filed on

### 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.

City

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: FILED MGR = Manager 18 NOV 26 AM 12: 10 AMBR = Authorized Member **Type of Action Address Title** <u>Name</u> ☐ Add □ Remove ☐ Change □ Add \_□ Remove \_□ Change □ Add □ Remove \_□ Change ☐ Remove ☐ Change \_□ Remove \_□ Change □ Add

□ Remove

☐ Change

	h
	FILEN
	18 NOV 26 AM 12: 1
	TALLANAS (A)
	The state of the s
<del></del>	
If an effecti Note: If t	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	November 20th . 2018
	July 2
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00