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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

то:	Registration Sec Division of Cor			
end ii	The Law Of	fices of Justin B. Stivers LLC		
SUBJE	.C1:		ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Justin Stivers		
		The Probate Law Firm	Name of Person	
			γ.	
			Firm/Company	
		1395 Brickell Avenue, Sui	te 8(X)	
			Address	
		Miami, Florida 33131		
		justin@probatefirm.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fun	ther information co	oncerning this matter, please ca	all:	
Justin S	Stivers		305 456-3255 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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:

TO:

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 OF

(Name of the Limi	ited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L17000132996	Liability Company	were filed on June 19, 2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1395 Brickell Avenue, Suite 800	
Principal office address MUST BE A STREI		Miami, Florida 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1395 Brickell Avenue, Suite 800 Miami, Florida 33131	9 Jul 12 SECIETARIA
3. If amending the registered agent and registered agent and/or the new registered o			品 星 口
Name of New Registered Agent:	Justin Stivers		D -
New Registered Office Address:	1395 Brickell A	Avenue, Suite 800	
	·	Enter Florida street address	
	Miami	, Floric	da <u>33131</u>
		City	Zip Code

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

The Law Offices of Justin B. Stivers LLC

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 Pof 3

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>	<u>Name</u>	Address	Type of Action
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Effective date, if other than th	August 1, 2019 he date of filing: (optional)
f an effective date is listed, the date m	oust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
	ed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 90th day after the re	ecord is filed.
Dated August 6	2019
Jaied	
	Signature of a member or authorized representative of a member
Justin Stivers	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00