11000134310

(Ře	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

J. 6/5/12

COVER LETTER

IP. CY		ANUFACTURING LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
Bryan Levy Same of Limited Liability Company						
			Name of Person			
		Balleste & Levy, PA				
			Firm/Company	 _		
		11430 N Kendall Drive, St	uite 111			
			Address			
		Miami, Florida 33176				
		Articles of Amendment and fee(s) are submitted for filing. an all correspondence concerning this matter to the following: Bryan Levy				
		E-mail address: (to be used for future annual report notif	ication)		
For furthe	r information co	oncerning this matter, please ca	all:			
Bryan Le	vy					
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.00	0 Filing Fee		Certified Copy	Certificate of Status &		

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

GHOST MANUFACTURING LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liabili	ty Company were filed on 6/20/2017	and assigned
orida document number L17000134310	·	
nis amendment is submitted to amend the following	g:	
If amending name, enter the new name of the	limited liability company here:	
UNGNER LLC		н .
e new name must be distinguishable and contain the words."	'Limited Liability Company," the designation "LLC	" or the abhaviation H.L.C."
nter new principal offices address, if applicable:		CKE A
rincipal office address MUST BE A STREET AL	ODRESS)	SSSE TO
		
		I II: 4
nter new mailing address, if applicable:		A 47
failing address MAY BE A POST OFFICE BOX		····
If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida Zip Code
	S 11/2	

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 = MARIE AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
		Change	
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			Change
			□ Add
			🗀 Remove
			Change
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Note:	ve date, if other than the date of filing:	ant to 605 of be list	5.0207 (. ed as ti
docum	ent's effective date on the Department of State's records.		
he red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th 90th day after the record is filed.	e earli	er of:
	OCTOBER 3 JOIN.		
Dated	(12.2)		

Page 3 of 3

Filing Fee: \$25.00