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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corp	orations		
SUBJECT: Mo	Name of Limite	cing Company	ny LLC
	Amendment and fee(s) are subm		
Please return all correspon	ndence concerning this matter to	the following:	
	Robert A.	Be Zlan Jr Name of Person	
	Monroe Se	Firm/Company	oany LLC
	2233 W Hill	Address	
	Deenfield	Beach, FL 33 City/State and Zip Code	442
	monroeserv	be used for future annual report notifi	1. com
For further information co	oncerning this matter, please cal	1:	
Robert A	Bezeau Jr	at (305) 747 Area Code Daytime	9840 Telephone Number
Name o	rerson	Alea Code Dayime	Toto, mine in the control of the con
Enclosed is a check for the	ne 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:

TO: , Registration Section

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

•	OF	SEC FALL
	Company as it now appears on our records.) Limited Liability Company)	RETARY OF AHASSEEL
The Articles of Organization for this Limited Liability Cor Florida document number L 17000160		and assigned
This amendment is submitted to amend the following:		.
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite		
Enter new principal offices address, if applicable:	* 2233 W Hillsb	oro Blud
(Principal office address MUST BE A STREET ADDRE	* 2233 W Hillsb Deerfield Beach, 1	FL 33442
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		Add
			Remove
			□ Remove
			Change
			□ Remove
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			Remove
			Change
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			Change
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			Channe

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effective date is li e: If the date in ument's effective record specif	other than the disted, the date must liserted in this blocker date on the Depties a delayed after the record	e specific and ear k does not meet artment of State effective date	the applicable 's records.	statutory filin	g requirem	ents, this dat	g.) Pursuant to 6 e will not be li
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Filing Fee: \$25.00