## 117000185049

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SEGMENT OF STATE

SEP 22 2019 T SCHROEDER

## **COVER LETTER**

TO:				
SURI	FCT∙	$\mathcal{L}$	owel LLC	
3013	<u></u>			
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	andence concerning this matter	to the following:	
		Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations		
			Name of Person	
		**************************************	Firm/Company	
			51 University	Bluds
			Jack >onville,	FL 32216
		E-mail address: (	City/State and Zip Code  CH & TSAGLTA  (to be used for future annual report not	Y CPA. ( wm
For fu	_	oncerning this matter, please c	all:	
	Name o	f Person	at ( <u> </u>	-67 ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>5</b> \$2	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ation Section n of Corporations	Registration Section	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	wel LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on or ited Liability Company)	ar records.)	-
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 1760 185049</u>	pany were filed on $\_$	1/20/17	_ and assigned
This amendment is submitted to amend the following:			
· · · · · · — — · · · · · · · · · · · ·			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designat	ion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere		records. enterthe	FILED SEP 21 PM 2:
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stro	et 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Type of Action Remove MCR Lovai Khashouf 6954 Tonga Dr ☐ Change Jacksonville, FL 322/6 □ Remove Change ☐ Change □ Add ☐ Remove Change □ Add □ Remove ☐ Change □ Add □ Remove

\_□ Change

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Filing Fee: \$25.00