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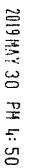
(Re	questor's Name)	
(Ac	ldress)	
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(Ĉi	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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C. GOLDEN JUN 1 9 2019

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ст: <u>ЕZРоsтA</u>	L AND SERVICES Name of Limit	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspond	dence concerning this matter t	o the following:	
		April b	Name of Person	
			and Service. Firm/Company	
		-4402 C	rand Blvd. Address	
			t Richey Fl City/State and Zip Code	
		E-mail address: (1	o be used for future annual rep	WIQ gmail Com
For furt	her information cor	ncerning this matter, please ca	ill:	
	PRI WILLI Name of I	ams Person	at (<u>3/8</u>) Area Code	243 - 9-768 Daytime Telephone Number
Enclose	d is a check for the	following amount:		
□ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	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 OF



2019 MAY 30 PM 4: 50

(Name of the Limited Liability Compar (A Florida Limited L	VICES LLC as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000198469}{}$.	were filed on <u>Sept 25, 207</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	New Port Richey, Fl 34652
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	New Port Richey, Fl 3-165-0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: A	nil Williams
New Registered Office Address: 4	40'2 Grand Blvd Enter Florida street address
New?	Port Richey Florida 34652 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WAJIH BOULABIAR	4402 Grand Blod, New Patholy FL	
			EX Remove
			Change
MAR	April Williams	4402 Frand Blud New Por	1 Ploken Pt 3+65:
			Remove
			Change
<u>MGR</u>	Keith Williams Spe.	4401 Grand Blud. NPR, VI	<u>ro</u> /dd
			□ Remove
			🗖 Change
			🗅 Add
			□ Remove
			Change
			D Add
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f an eft <u>Note:</u>	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	28 May 2019. And Will, air and Signature of a member or authorized representative of a member
	and Williams
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00