L17000199278

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	4IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
Office Use Only	



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FOY	A Love of Limit	led Liability Company	<u>.</u>
	Amendment and fee(s) are subm		
Please return all correspor	ndence concerning this matter t	o the following:	
	Prince	Name of Person	
	109101 MO	35 Perk Rol Address	unit 214
	Ortrade	FL 32832 City/State and Zip Code	·
	Prowr	$\frac{\partial}{\partial x}$ be used for future annual report notific	ation)
For further information co	oncerning this matter, pleas <mark>e c</mark> a	dt:	
Princes Name of	Warren	at (E50) 345 - (Area Code Daytime T	Elephone Number
Enclosed is a check for th	e 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:

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 Limited Liability Company as it now appears on our records.)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on <u>O9</u> 126/17 and assigned for ida document number <u>U11000 (20218</u>).	
his amendment is submitted to amend the following:	
his amendment is submitted to amend the following.	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
k	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:	œw
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

	Authorized Person(s) authorized to main from our records:	nage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Principo Marrien	10961 Moss Peut Rd	D Add
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amending any other info	rmation, enter change	(s) here: (Attach additional sheets,	, if necessary.)
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ffective date, if other that	a the date of filings		(optional)
an effective date is listed, the da	te must be specific an d c ann his block does not me et t	ot be prior to date of filing or more than 90 on the applicable statutory filing requirem s records.	days after filing.) Pursuant Jo,605.0207
e record specifies a del The 90th day after the	ayed effective da te, e record is filed.	but not an effective time, at 1	12:01 a.m. on the earlier of
ared Novemb	or 33 2	017.	
Line	Signature of a memb	per or authorized sepresentative of a member	er
Princes	35 May C	ed or printed name of signee	
	[]		

Filing Fee: \$25.00