119000007380

(Ke	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	siness Entity Nar	
(60	Siness Enuty Nar	ne;
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special metrodecine to	· mily omoon.	
		<u>.</u>

Office Use Only



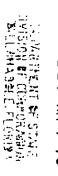
300348990773

87/27/20--01056--021 **60.00

RECENTED

JUL 2 4 2020

SEP 14 2020 S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	CT:	/achtiffe	MAM LLC nited Liability Company	
The enc	closed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please r	return all corresponde	nce concerning this matter	to the following:	
			Aaron Tens Name of Person	
		<u> </u>	ACHTULIFE LLC Finn/Company	
	-	15342 A	LCESV WAY Address	
	-	FORT MY	City/State and Zip Code (Dyachfilife to be used for future annual report notif	3
	_	E-mail address: ((a) yachfilifem to be used for future annual report notif	ication)
For furth	her information conce	ming this matter, please ea		
	Aar Name of Per	on Tems	at (<u>5//</u>) <u>5/2 /</u> Area Code Daytime	CSYS Telephone Number
Enclosed	d is a check for the fo	Howing amount:		
□ \$ 25.	.00 Filing Fee	I \$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

11. 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1 no 11 1	調して
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)	724 E
The Articles of Organization for this Limited Liability Company	7010	Many B
Florida document number 82-3970116		6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "ll.,C."
Enter new principal offices address, if applicable:	5213 BKER	OCIRCLE EACH FL 33484
(Principal office address MUST BE A STREET ADDRESS)	DEL RAY BE	EACH IL 3348°
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	lice address on our records, <u>e</u>	nter the name of the new
resistered agent and/or the new registered office address here	•	2019 HOV
Name of New Registered Agent:		10 T
New Registered Office Address:		~
	Enter Florida street address	
	Florid	la Zip Code
	~iii)	~ rapp-product

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>	Name	Address	Type of Action
			
			Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			🖸 Add
		☐ Remove	
			🗆 Change
			O Add
			□ Remove
			Change
			Remove
			☐ Change

-	——————————————————————————————————————	
_		
-		
-		
-		
_		
_		
_		
~		
_		
_		
_		
_		
If an effective I	we date, if other than the date of filing: O	207 as-
ne reco	ord 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.	of:
Dated _	10.01.19 3019	
	Signature of a member or authorized representative of a member	
	Typed or probled some of the control of a member	

Page 3 of 3

Filing Fee: \$25.00