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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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# **COVER LETTER**

SUBJECT: LA	S Recivition Name of Limite	C LLC d Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Anna Ce	Ne L Name of Person	
	KAG REL	Firm/Company	<u></u>
	150 Journ	Ping Walder	1 Read # 300
	Plantation,	Flucida 3 City/State and Zip Code	3324
-	OG ENEL E-mail address: (to	be used for future annual repo	ort notification)
For further information conc	terning this matter, please cal	1:	
ANNA LEWE	erson	at ( ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Daytime Telephone Number
Enclosed is a check for the t	ollowing amount:		
□ \$25.00 Filing Fce	□ \$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 Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

LAG Lecvus	ring Ll	iny as it now appears on our records.) Liability Company)	
(Name of the Limite	ed LiaMility Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>LVYOOOO</u> 9		were filed on 1/9/2018	and as
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L
Enter new principal offices address, if applicable:		150 South Pine	sand RC
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	Plantahen Floris	<u>a 353</u>
Enter new mailing address, if applicable:		150 Jouth Pine Ist Plantation Floris	and kua
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Plantakon Floris	· 5 3 3 .
B. If amending the registered agent and/ registered agent and/or the new registered of			137.78
Name of New Registered Agent:	_ <del>_</del>	. <u></u>	0CI 10
New Registered Office Address:	170 101	LA PLACE ISLANDA RUGAL # Enter Florida street address	300.
	Ylania	City . Florida	219 Ode
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	performance of my duties, and La provided for in Chapter 605, F.S. (	m familiar with Or, if this docu

If Changing Registered Agent, Signature of New Registered Agen

MGR = M $AMBR = A$	lanager authorized Member		
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<u>Note:</u> 11	the date inserted in this block does not meet the applicable statutory filing requirements.	this date will n	oŧ bu
documei	it's effective date on the Department of State's records.		1
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on th	ne¦ e
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Dated _	10/1 . 10/9.		
	Signature of a member or authorized representative of a member	<del></del>	
	Signature of a member or authorized representative of a member		1
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	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00