## 11800023008

(Re	questor's Name)	
(Ad	dress)	
— (Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Sec  Division of Corp			
SUBJECT:	PACK Name of Lim	to New UC	
	mendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	- Anth	ony Cuttain	λ
	Back	to New UC Firm/Company	
	964	Bartlett in	
	Rock	Address  Ledoz FL 3399  City/Suit and Zip Code	SS S
	E-mail address: (	rewservices @gmo	
For further information co	ncerning this matter, please ca	all:	
Anthony Name of	Cuttaia.		8942 Telephone Number
Enclosed is a check for the	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)
MAILE	SG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Limites	Y TO Nev 1 Liability Company A Florida Limited Lia	as it now appears on o	our records.)		
The Articles of Organization for this Limited Lia Florida document number $\underline{- L1860005}$	bility Company w		/5/18	and as	signed
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of</u>	the limited liabili	ty company here:	2		
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designa	ition "LLC" or the	abbreviation "l.	.L.Ć.* \$
Enter new principal offices address, if applica			<u> </u>	. <u>l</u>	
(Principal office address MUST BE A STREET	ADDRESS)			· <u> </u>	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>O.V)</u>			;, <b>3</b>	
B. If amending the registered agent and/oregistered agent and/or the new registered offi	_	ce address on our	records, ente	r the name	of the nev
Name of New Registered Agent: New Registered Office Address:	Anthon 964 B	y Cuttain artlett Lr Enter Florida st	1		
	Rockle	dge	, Florida _	3295 Zip Code	<u>5</u>

## 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

i		Authorized Person(s) authorized to man com our records:	nage, enter the title, name, and address of each	person being added
	MGR = Mar AMBR = Aut	nager thorized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
	MGR	Amberstar Bush	140 Appleby St. NE Palm Bay Fl. 32907	🗆 Add
			Palm Bay, Fl. 32907	Remove
				Change
				Add
				Remove:
			· .	Change
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Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 Arte.; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  Signature of a member or authorized representative of a member	Phone	# 32	<u> 3/ - 5</u>	<u>- 1916</u>	894	<u> </u>					_
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Filing Fee: \$25.00