# 118000027447

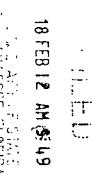
(R	equestor's Name)	
(A	(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  rtified Copies Certificates of Status  Special Instructions to Filing Officer:	
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### **COVER LETTER**

TO:	Registration Se Division of Cor		¢	ar ·	·
SUBJI	ест: <u>R3</u>		ent and fee(s) are submitted for filing.  Soncerning this matter to the following:  BERT LAPOILA  Name of Person  B J MELLAPOILA  Name of Person  B J MELLAPOILA  Name of Person  Address  Address  Address  Address  Address  Address  Address  Address: (to be used for future annual report notification)  Area Code  Daytime Telephone Number  S60.00 Filing Fee & Certificate of Status & Certifi		
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please	return all correspo	ndence concerning this matter to	o the following:		
		Robert La	PO I A Name of Perso	n	<del></del>
		R3J Inte			ns
		1201 SW	Address	Ove	<u>.</u>
		Port St. L RLOPOLIGIA E-mail address: (to	179 64	mail. (	53 (0M)
For fur	ther information c	oncerning this matter, please cal	d:		
Rol	OPYF L Name o	<u> </u>		) 985 · (1) : Daytime Te	G55 lephone Number
,	ed is a check for the 5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		ру	

#### 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 Companion (A Florida Limited L	ay as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company  Florida document number <u>L 18000077447</u> .	were filed on JANUARY 30 2018 and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	1
The new name must be distinguishable and contain the words "Limited Liability of the contain the words "Limited Liability".	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Port Sait Lucie, FL 34953
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1201 SW 1001 Ave Port Saint Lucie, FL 34953
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	A III
New Registered Office Address:	Enter Florida street address

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.

City

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
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effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar	specific and cannot be pr does not meet the app	licable statutory filir	nore than 90 days after fili	ng.) Pursuant	
record specifies a delayed ef he 90th day after the record		not an effective	time, at 12:01 a.m	n. on the	earlier (
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ed February 7	nature of a member or au		o Co mamba-		_

Page 3 of 3

Filing Fee: \$25.00