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2019 DEC 30 PM 6: 38

DEPARTMENT OF STATE
DEPA

JAN 3 0 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Co	ection rporations		r "
SUBJECT:	N 49193 Name of Lim	1_1_C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	_leonard	Name of Person	<u>'</u>
	19919	Firm/Company	
	147 So	11 Marie Aug	<u> </u>
	E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)
For further information of	concerning this matter, please ca	ıll:	
Lenard Ko	Tucky Jy	at (<u>97) (†) 669</u> Area Code Daytim	9610 e Telephone Number
Enclosed is a check for t	he following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019

	Or	とお思 ロ 🚺
N79193	LLC	EC 30
(Name of the Limited Liab) (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number	· · · · · · · · · · · · · · · · · · ·	21/2015 Pand assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the line A Vice 1/3. The new name must be distinguishable and contain the words "Li	n LLC	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	City	, Florida 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

If an ending 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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			DAdd
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			□Add
			□Remove
			□Change

	
	
	
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If an effect <u>Note:</u> If	e date, if other than the date of filing: Dev. 30, 2019 (optional) ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
e record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Dec. 17. 2019. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Leonard R. Tucker Ir Typed or printed name of signee