## L18000 054 704

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

Office Use Only



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JUL 2 7 2019



## **COVER LETTER**

Division of C	Corporations		
SUBJECT:	50b35006 LC Name of Limit	C	
30b31.C1.	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	spondence concerning this matter t	o the following:	
	An	Name of Person	
		Name of Person	
	AL	Sr Alliconter 3	-(
		Firm/Company	
	20810	West Dine H	w. <sub>J</sub>
		Address	<del></del>
	Mita	City/State and Zip Code	9
		City/State and Zip Code	
	J.	housed for future annual report r	· 10 m
For further information	n concerning this matter, please ca	•	ouncation)
A~~	e of Person	at (_7°5')	17-7750
Nam	e of Person	Area Code Day	time Telephone Number
Enclosed is a check fo	r 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)

MAILING ADDRESS:

. . .

**Registration Section** 

TO:

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

<b>©</b> 2	Substance	LLC	
(Name of the Limited Liabi (A Florid	ility Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number _ 上180000 5ィンツ		311118	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	re:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
			7:,,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or reging registered agent and/or the new registered office ad-	istered office address on	our records, <u>en</u>	·.:
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	ı
	City		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sujata Shreitha	6442 Willowship Circle Lote Worth, FL 37407	🗆 Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			☐ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	ive date, if other than the date of filing: 7/12/19 (optional) fective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7-15-19
	Shabbi Signature of a member of authorized representative of a member
	SHABBIR YOUSUF Typed or printed name of signee

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Filing Fee: \$25.00