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Name of Lim	ited Liability Company			
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_MILLIUI,WEI	Name of Person			
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	Manue of Line AB FORMLY Name of Line endment and fee(s) are subsequence concerning this matter Emmanue Mellongle S137 myslic Boynlon for Comissones E-mail address: (erning this matter, please emission son office of the complete	endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Immonuel Camiss Dy Name of Person Performed Milen Family Firm/Company 9137 mystic Hoybor Cay Cle Address Boynion Beach Fl 330 City. State and Zip Code Camisson emmonual Dy Olfon E-mail address: (to be used for future annual report note erning this matter, please call: 1 1561 860 - Area Code Daytim S30.00 Filing Fee & Certified Copy (additional copy is enclosed)	endment and fee(s) are submitted Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Immanuel Camiss DM Name of Person Methodole Milen Family UC Firm/Company Address Boynlon Beach Fl Address City. State and Zip Code Comisson Email address: (to be used for future annual report notification) erring this matter, please call: Oliss ON at (561) 460 - U.7.51 Area Code Daytime Telephone Number sollowing amount: S30.00 Filing Fee & Certificate Copy radditional copy is enclosed) Certificate Certificate Certificate Certificate Copy radditional copy is enclosed)	endment and fee(s) are submitted for filing. nee concerning this matter to the following: **Emmanuel Camisson** Netlongle Mien Family UC Firm*Company **Proposition of Person** Metlongle Mien Family UC Firm*Company **Proposition of Person** Metlongle Mien Family UC Firm*Company **Proposition of Person** Metlongle Mien Family UC Firm*Company **Proposition of Person** Address** (To be used for future annual report notification) Firming this matter, please call: **Proposition of Status** **Certified Copy fadditional copy is enclosed) **Transport of Status & Certified Copy fadditional copy is enclosed)

Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L &D boo 93 461</u> .	pany were filed on $04/13/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability 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	
	0 (amm)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the dete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is flice address, I hereby confirm that the limited liability

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	<u>Address</u>	Type of Action
MGR	peleison Nicolos	6137 myslic Horbor Circle Baynlon Beach, Fl 33436	V.Add
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	Jeff Signal	ī	or authorized r	epresentative of	i member	UF STA	-6 PH 1: 16	
Dated 02/25	2023	·					2023 HAR -6	raç ı 2
record specifies a delay	ved effective date.	, but not an eff	ective time, at	12:01 a.m. on	he earlier of: (b) The 90th	day afte	r the
Affective date, if other fan effective date is listed, Note: If the date inserte locument's effective da	ed in this block do	ies not meet th	e applicable st	of filing or more atutory filing re	(option than 90 days after equirements, thus	o nal) filing.) Pursus s date will no	ant to 605 of be list	5.0207 (ed as th

Filing Fee: \$25.00