L18000096462

(Requestor's Name)
(Address)
(Address)
, and a
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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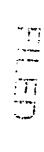


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MAR 15 2021 S. YOUNG





COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Fire Vice Parayazzi 6 Name of Limited I	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Aleyon	dra Pagan (wilmer's Rivere)
DR Sout	Firm/Company
1339 <u>P</u>	Address Circle
belond to	ity/State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

(A Florida Limited L	iability Company)			
The Articles of Organization for this Limited Liability Company	were filed on	117/2018	_ and assign	ned
Florida document number <u>L18000094462</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or the abbr	eviation "L.L.(
Enter new principal offices address, if applicable:	2112 1	-iLi Pedal		
(Principal office address MUST BE A STREET ADDRESS)	Sonfud	F1. 327)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2021	
B. If amending the registered agent and/or registered office a	ddress on our recor	. 1	of the new i	egistered
agent and/or the new registered office address here:		* *-	. AH 6:	er en + saf
Name of New Registered Agent:		-	<u> </u>	
New Registered Office Address:				
	Enter Florida s			
	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
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			□Remove
			□Add
			□Remove
			□ Charas

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 11/1/2021 _____ (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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 11 18 Signature of a member or authorized representative of a member Typed or printed name of signee)