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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(856) 524-5437
(850) 524-6243

| | (OFFICE USE ONLY) |
|---|---|
| Corporation Name & Document Number 1. Holdings Command LLC | 1 19000/0008 |
| Corporation Name | Document # |
| _X_ Walk in | Pick up time |
| Mail out | Will wait |
| Photocopy | Certified Copy |
| | Certificate of Status |
| NEW FILINGS | AMENDMENTS 20 |
| Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS X_ AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger |
| OTHER FILINGS | REGISTRATION/OUALIFICATIONS |
| Annual Report | Foreign Limited Partnership |
| Fictitious Name | Reinstatement Trademark |
| APOSTIL | Other |
| COUNTRY | <u> </u> |
| | |
| | EVAMINEDIC INITIAL C. |
| | EXAMINER'S INITIALS: |

COVER LETTER

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Tallahassee, FL 32314

| 10: Registration Se Division of Cor | | | |
|--|-------------------------------------|--|--------------|
| SUBJECT: HOL | DTNGS | Command LLC Name of Limited Liability Company | |
| | | Name of Lunited Liability Company | |
| The enclosed Articles of | Amendment and fo | ec(s) are submitted for filing. | |
| Please return all correspo | ondence concerning | g this matter to the following: | |
| | | | |
| | | Name of Person | |
| | | Firm Company | |
| | | Address | ~ |
| | | City/State and Zip Code | 20 IC 23 PH |
| | | mail address: (to be used for future annual report notification) | 723 |
| For further information c | concerning this ma | tter, please call: | PH 3: 40 |
| Name o | of Person | at () Area Code Daytime Telephone Number | ື່ສ ີ |
| Enclosed is a check for the | he following amou | int. | |
| □ \$25.00 Filing Fee | ☎ \$30.00 Filin Certificate | | |
| Mailing Address Registration ! | | Street Address: Registration Section | |
| Division of C | Corporations | Division of Corporations | |
| P.O. Box 632 | 17 | The Centre of Tallahassee | |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HOLDING | S COMMAN | p LLC | | |
|--|--|---------------------------|------------------------------|--|
| (Name of the Lim | ited Liability Company as (A Florida Limited Liabil | ity Company) | on our records.) | |
| The Articles of Organization for this Limited I Florida document numberL \$ 000 000 | | e filed on <u>()</u> | 1/20/2018 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | 20 |
| A. If amending name, enter the new name | of the limited liability | company here | : | 20 JUA 2 |
| The new name must be distinguishable and contain the | words "Limited Liability Co | ompany," the desi | gnation "LLC" or the | abbreviation "L L C" |
| Enter new principal offices address, if appli | cable: | _ | | <u>포 </u> |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u> </u> | Ponpano | Beach, FL | 33069 |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | ess on our reco | ords, <u>enter the nar</u> | ne of the new registered |
| Name of New Registered Agent: | Alexis | Monte | / 6 | |
| New Registered Office Address: | 305 NW | 3 Cnd AV Enter Florida | C Apt. 207 4 succeaddress | 7 |
| | Pongano BC | ach | , Florida _ | 33069 Zw Code |
| | | Cire | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |

Thereby 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 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

| Title | Name | Address | Type of Action |
|-----------|--------------------|-------------------------|-----------------|
| AMBR, MGR | Montro Lig. Alex M | 305 NWIZN AVE ATT 207. | |
| | | Pompano Beach, FL 33064 | ⊀ Remove |
| | | | [Change |
| AMR, MLR | Montero, Alexis | SOS NW 32Nd AVE APT 207 | ≭ Add |
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| fective date, i | f other than the date of files listed, the date must be specifical | ing: | (op | tional) |
| <u>ste:</u> If the date | s listed, the date must be specific a inserted in this block does no tive date on the Department o | it meet the applicable sta | of tiling or more than 90 days at distory filing requirements, t | ier filing) Pursuant to 605 02 his date will not be listed : |
| ecord specifies is filed. | a delayed effective date, but n | not an effective time, at I | 12:01 a.m. on the earlier of: | (b) The 90th day after th |
| ited | 22 JUNE | . <u>2020</u> . | | |
| | | Le mont | presentative of a member | |
| · | Signatureon | a /hember or authorized re | presentative of a member | |

Filing Fee: \$25.00