L18000106901

(Requestor's Name)
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(City/State/Zip/Phone #)
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11/07/19--01012--020 **25.00

2015 - 7 - 2011: 20

Amend

DEC 07 2019 I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ест: <u>С</u>		MENT COMP	any uc
The er	nclosed Articles of Amendme	nt and fee(s) are submi	itted for filing.	
Please	return all correspondence co	ncerning this matter to	the following:	
		ZEWI	Name of Person	
		<u>0mm</u>	Firm/Company	company LLC
		13268 50	W 9TH LAVE	<u>. </u>
		JANOS	FL 33184 City/State and Zip Code City/State and Zip Code DMAGEMENT be used for future annual report notice	CLC96MATCOM
For fu	rther information concerning		·	
_	Name of Person	2	at (<u>786</u>) <u>396-1</u> Area Code Daytimo	372 e Telephone Number
Enclos	sed is a check for the followin	g amount:		
□ \$2		00 Filing Fee & Hilicate 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:

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 413012018 and assigned Florida document number 418000106901
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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: 5EQT MOOR
New Registered Office Address: 13268 SW 9TH W Enter Florida street address
City Florida 33184 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
MPST	DARRIELL MOOR	13268 SW 9TH LN	
		MIAMI FL 33184	K Remove
			Change
			
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			🗆 Remove
			🗆 Change

(If an et <u>Note:</u>	tive date, if other than the date of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	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	1114/19
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00