L18000 116497

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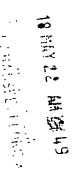




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COVER LETTER

Division of Co			
ASVAA E SU BJECT :	STATE LLC		
30D3ECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SIMON NAON		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	NAON AND CO. LLC		
		Firm/Company	
	2450 HOLLYWOOD BLV	VD STE 200B	
		Address	
	HOLLYWOOD FL 33020	•	
	SIMON@NAONANDCO.	City/State and Zip Code COM	
		to be used for future annual report notifi	ication)
For further information (concerning this matter, please c	all:	
SIMON NAON		347 898-6079	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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

oany as it now appears on our records I Liability Company)	<u>s.</u>)
y were filed on 05/09/2018	and assigned
bility company here:	
oility Company," the designation "LLC"	" or the abbreviation "L.L.C."
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office address on our records <u>re</u> :	, enter the name of the
	_ · ·
Enter Florida street address	;
, Flo	orida Zin Code
	office address on our records re: Enter Florida street address , Flo

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
AMBR	VIKTORIIA ASESIO	2450 Hollywood Blvd Ste 200B	= Add
		Hollywood FL 33020	Remove
			Change
			□ Add
			Remove
			☐ Change
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05/17/2018		
ective date, if other than the date of filing:	(optional)	ant to 605.01
te: If the date inserted in this block does not meet the applicable sta	tutory filing requirements, this date will no	ot be listed
rument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an e he 90th day after the record is filed.	ffective time, at 12:01 a.m. on th	e earlier
05/17/2018		
cd		
	 .	
	<u>~</u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00