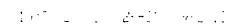
## U8000124990

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## **COVER LETTER**

TO: Registration Security Division of Corp			
SUBJECT: YOU	e Wieth lic		
SOBJECT:		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	- Hamila	Name of Person	
	Vous	Eirn/Company	<del>-</del>
	1425 NW	Address	<u></u>
	Mianif	City/State and Zip Code	
	Your words	to be used for fugure annual report noti	Signation)
For further information co	oncerning this matter, please ca	all:	1
Kamilah (	<u> </u>	a(954) &25	<b>8</b> 50
Name of	l'Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahasson 1		The Centre of T	fallahassee c Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were	: filed on May 18	2018 and assigned
Florida document number <u>L18000124990</u>	9	
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 Co	ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		
Enter new mailing address, if applicable:	<u> </u>	1'1
(Mailing address MAY BE A POST OFFICE BOX)	-	
		=======================================
B. If amending the registered agent and/or registered office addroagent and/or the new <u>registered office address here</u> :	ess on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	$\overline{}$	
New Registered Office Address:	_	
New Registered Office Address.	Enter Florida street address	
		 la
	Floric	
	City	Zip Code

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	Kingsky Cross	1425 NW 193rd for	Add
		Mione fc 33169	□Remove
			□Add
			□Remove
			DChange
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		7 <u>5</u> 5	门 Change
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or  ste: If the date inserted in this block does not meet the applicable statutory fili cument's effective date on the Department of State's records.	(option of the control of the contro	onal) filing.) Pursuant to 605,0207 s date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	, on the earlier of: (b	) The 90th day after the
ned DC+, 2		

Filing Fee: \$25.00