## L 18000128 794

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	:/Zip/Phone #
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	it Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	Aspe Special Person	
	Sod	Scief Ale, Co	'C
	1/641-01	Id Cypiess C	-00C
		City/State and Zip Code  City/State and Zip Code  City/Condity/Condity  to be used for future annual report notified	
For further information of	concerning this matter, please co	all:	
Name t	Bune-1	at ( <u>JU</u> ) <u>Z/J-)</u> Area Code Daytim	9570 c Telephone Number
Enclosed is a check for the	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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number <u>C18000128</u> 794 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 "L.L.C." 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: 1857 University phases

Enter Florida street address

Sacosofo , Florida 34743 New Registered Office Address:

## 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 Registerest 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>	Name	Address	Type of Action
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Tect	ve date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
: rec	
	90th day after the record is filed.
The	
The	
The	90th day after the record is filed.
The	11/8/19
The	
The	11/8/19

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00