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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Your Name of City	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
		W J. Jowy S Name of Person	
	Your	Pinja Rultor Firm/Cympany	
	542/2	Zantrille H.	
		City/State and Zip Code City/State and Zip Code City/State and Zip Code	
For further information (concerning this matter, please ca		
Swamp Name o	U. Janes	at (727) 631 Area Code Daytime	- 3407 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)
MAIL	ANG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
florida document number		
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 "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
		3 V C C C C C C C C C C C C C C C C C C
		JUN
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u>නු</u> පිලුල
		∓ %5
		5 5 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 €
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		FloridaZip Code
	City	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

or removed from our records:

·MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sereny U. Jones	5-12/2 Zanes villes st.	Add
	,	5-12/2 Zanesvilles St. St. Pote FL. 33707	Remove
			Change
AMBIR	Fernando Azcona	2155 Waldemare St.	🗆 Add
		Sarasota, FL. 341239	DR€move
			Change
			Remove
			Change
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			🗀 Change
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Dec	ve date, if other than the date of filing:
(If an effe	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
docum	The 3 effective date of the Department of State 3 feedbas.
he rec	ord 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	Sunc 23 . 2018.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00