## 49000/68/22

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## **COVER LETTER**

TO: Registration So Division of Cor		<b>7</b> ×	
SUBJECT:	GILMER Name of Lin	CRUP LLC.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JONÉ	Name of Person	
		MER GROUP Firm Company	
	10810 Boy É1	TE Ro. #1580	·
		City/State and Zip Code	•
	E-mail address:	to be used for future annual report notif	eation)
For further information of	oncerning this matter, please c	all;	
Josét Name c	ChunéR of Person	at (P44) 235 Area Code Daytime	- 9643 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 & Cartified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it holy appears o	n our records.)	
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	1/12/18	and assigned
Florida document number <u>L_180001681.22</u>		1 /	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	gnation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)		- <del></del>	<b>5</b>
			020
			020 JAN -6
Enter new mailing address, if applicable:		_N/A	1 220
(Mailing address MAY BE A POST OFFICE BOX)			<u>, p , i i</u>
			UI Com
			2 <u>-</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our reco	ords, <u>enter the i</u>	name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	/ .		
New Registered Office Address.	Emer Florida	street address	
		Floride	
		, 1 10/1 10/4	
	City	1 101101	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>		Name	Address	Type of Action
T	_	CHARLOTTE SYDNOR	3118 BARTON AVE.	XAdd
			_3118 BARTON AVE. RICHMOND, VA 23222	□Remove
				□Change
	_ \			□Add
				□Remove
				□Change
				□Add
				□Remove
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	N/A	
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(If an effective date Note: If the date	if other than the date of filing:is listed, the date must be specific and cannot be prior to inserted in this block does not meet the applicative date on the Department of State's records.	(optional) (optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) the statutory filing requirements, this date will not be listed as the
If the record specifies record is filed.	s a delayed effective date, but not an effective ti	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated \	1000g J 3000c	<u>)</u> .
<u>×</u>	Signature of a member or author	rized representative of a member
	( ) / 2	·

Filing Fee: \$25.00