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

TO: , Registration Secti Division of Corpo	rations		
elib teer.	FICE + ICE	Z BAR U.C.	
SUBJECT:	Name of Limi	ited Liability Company	-
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	N: cole	Pri+ cheth Name of Person	
	Fre -	Firm/Company	
	1672 (Ollins Are	
	Miani	Beaut Fr 33	139
	Vicole - j	Beaut F2 33 City/State and Zip Code Pritchett 6 Gn o be used for future annual report notificat	nail. (cm
For further information con-	cerning this matter, please ca		
Meg AN 7	Dan lovic	at (702) 556 Area Code Daytime Te	L 5 9 5 Elephone Number
Enclosed is a check for the	-	Floor on Pill Floor	F 640 00 PH F
S25.00 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

(Name of the Limited Liability Compania) (A Florida Limited Liability Compania)		our records.)		
The Articles of Organization for this Limited Liability Company w	vere filed on <u>Juv</u>	20 2018 and ass	signed	
Florida document number <u>L18000173951</u>		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the design	ation "Ll.C" or the abbreviation "L	LL.C."	
Enter new principal offices address, if applicable:		18 S		
(Principal office address MUST BE A STREET ADDRESS)		SEP	<u> </u>	
		>	28.E	
Enter new mailing address, if applicable:) <u>; (</u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered office address here:		r records, enter the name	of the new	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet address		
	, Florida			
	City	, Florida Zip Code	<u> </u>	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	_		•	

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Megan Danilovic	Miami Beach A 331	39 Add
			Remove
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ctico <u>te:</u> I	e date, if other than the date of filing: AUGU tive date is listed, the date must be specific and cannot be prior if the date inserted in this block does not meet the applicant's effective date on the Department of State's records.	to date of filing or more than 90 days after fi able statutory filing requirements, this o	iling.) Pursuant to 605.020
	ord specifies a delayed effective date, but no 90th day after the record is filed.	t an effective time, at 12:01 a.	m. on the earlier o
.tcd _	Sert 1 2018.	_·	
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Filing Fee: \$25.00