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COVER LETTER

TO: Registration Se Division of Cor			• • .
SUBJECT: Feitz	Parahile Car Name of Limi	ted Liability Company	tend & Invotments L
The enclosed Articles of .	Amendment and fee(s) are sub	nitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Marie ?	St Taslin	
	931 0,1	lage Blad Su	ite 125
		Aldress	
OFFICE 21	OI VistaParki	Nay Soite 256 City State and Zip Code	W.R.Bgr 33411
	MRXXLUCIV E-mail address: (i	ETP gma. 1. Con o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	tll:	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

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

Faitz Pandile Constant (Name of the Limited Liability Comp (A Florida Limited	eting Consultant, Investments L. L. Grany as it now appears on our records.) Triability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L180161716648</u>	y were filed on $\frac{7/23/18}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liai Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2101 Vista Pankhay Suit 26 Will FL 33/0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	931 Uillage BLud Suite 125 W.P.B FZ -33409
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	113 001 21
New Registered Office Address:	Enter Florida street 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.

Cuv

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
MGR	Andie Blanc	931 Village BLud Suite 12	5 12 mg
		W.P.B Florida 339	<i>0</i> 9 □ Remove
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Effective date, if other t	han the date of filing:		(optional)	
Fan effective date is listed, the Note: If the date inserted	e date must be specific and cannot be p in this block does not meet the ap on the Department of State's reco	plicable statutory filing req	ian 90 days after filing 11	fursuant to 605.0207 (III not be listed as t
e record specifies a c The 90th day after	delayed effective date, but the record is filed.	not an effective time	, at 12:01 a.m. or	
Dated October	28, 201	<u>.</u> q.		FIL 2010 OCT 28 ATT VARASSE
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Filing Fee: \$25.00