118000 186018

	equestor's Name)	
(1)	equestor's Marrie)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	 #)
-,		,
PICK-UP	☐ WAIT	MAIL
_		
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates of	of Status
.,	***	
Special Instructions to	Filing Officer:	
: i		

Office Use Only



000337907830

12/16/19--01031--003 **BU.00

S TALLENT

2019 DEC 16 AH 8: 56

My

COVER LETTER

Division of Corp	orations	₹	
SUBJECT: Les	a's Retue	t 446	
*****	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Naig	Name of Person	
	Lesa's	Retheat 110	
		Firm/Company	
	2.00 SW	9th cuenue	
		Address	
	Fortlan	City/State and Zip Code Ve at Og Wall to be used for kuurelannual report notifi	3312
		City/State and Zip Code	
	1 esas let	veatogmail.	<u> </u>
	t:-maii address: (to be used for auturetannual report notifi	ication)
For further information co	ncerning this matter, please co	all;	
Crain Y Name of	nills	at (644) 299 ·	3920
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
À \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
		_	

Mailing Address:

Registration Section

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Losas letvi	oat 160
(<u>Name of the Limited Liabili</u> (A Florid:	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	<u>&</u> .
This amendment is submitted to amend the following:	A.4 8:
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 SW 9th avenue
(Principal office address MUST BE A STREET ADDI	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 SW 9th avang Fortiondertale, F1 33312
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	raig Mills w Sw 9+2 avenue
New Registered Office Address:	w SW 9+2 avenue
F	Finter Florida street address OCH Low Ser Florida 33312
	City 2.1p 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

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
MOS	July Parimboios	811 SWITH DWINING	□Add
	`	Fort Lawder Jale, F1 323	2/Kemove
			□ Change
			DAdd
			□Remove
			□Change
		□Add	
		□Remove	
			🗆 Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
	<u></u>	□ Change	
			🗀 Add
			🗆 Remove
			□Cha==

Page 2 of 3

_	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u> 1	re date, if other than the date of filing:
	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 _	12/12/19 O):39ph.
	Signature of a member or authorized representative of a member
	Craic A. Mills Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00