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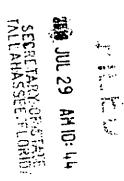
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Alger	DI Sprauty Name of Lym	Navedients, LLC ited Liability Company	
	Amendment and fee(s) are sub		SECTION TO
•	, and the second	•	En'
	Finance and	damin depart	rtment
	Algen Cosm	octics, Lic Firm/Company	
	10121 Lee Rd	Suite#110 Address	
	Fort Myers, 1	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	·	
James Pece Name of	Person	at (239) 444- (Area Code Daytime	O 3 210 Telephone Number
Enclosed is a check for th	e 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

The Articles of Organization for this Limited Liability Company were filed on 8 15 2018 Florida document number USCCO195274 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

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
AR	Edward J. Legere	16121 Lee Rd, Suite 110	🗆 Add
		Fort Myers, FL 33912	Remove
			Change
AR	Quang J. Ha	16121 Lee Rd, Suite 110	🗆 Add
		Fort Myers, FL 33912	ÎX Remove
			Change
AR_	Jacques Beaudry-	10121 Lee Rd, Suite 110	_D Add
	Losique	Fort Myers. FL 33912	_ X Remove
			_□ Change
200	Benjamin Gardner	Mo121 Lee Rd, Suito 110	Add
		Fort Myers, FL 33912	_□ Remove
			_□ Change
RO_	William Porubsky	110121 Lee Rd. Suite 110	⊅ XAdd
		Fort Myers, FL 33912	_□ Remove
			_□ Change
retary	James Pecenka	Mei 21 Lee Rd, Suite 110	Add Add
		Fort Myers, FL 33912	□ Remove
			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(lf an e <u>Note</u>	tive date, if other than the date of filing: 123 2019 (optional) ffective 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 ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	an On
	Signature of a member or authorized representative of a member
	James Pecenka
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00