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COVER LETTER

TO: Registration So Division of Cor		•	s e d
SUBJECT:	Miss AL	LC	
	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	anondie	Name of Person	
	Miss	Firm/Company	<u>.</u>
	7896 SW	100th st	
	- Miama	City/State and Zip Code	B/J.6
	Fmail address: (1	to be used for future annual repor	t notification)
For further information c	oncerning this matter, please ca	ail:	
ONOYION !!	Person	at (<u>239</u> <u>20</u> Area Code D	4 82 98 aytime Telephone Number
Enclosed is a check for th	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 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

-	City	, Florida	-
	Enter Florida		
New Registered Office Address:	Estan Pluid	u street address	-
Name of New Registered Agent:			-
agent and/or the new registered office address h	<u>ere</u> :		
B. If amending the registered agent and/or regis		ords, enter the name of the new registe	red
	 		-
Mailing address MAY BE A POST OFFICE BO.	<u></u>		-
Enter new mailing address, if applicable:		, 5, 1	-
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		202	-
Principal office address MUST BE A STREET A	ADDRESS)	- W L	_
Enter new principal offices address, if applicable	e:		_
he new name must be distinguishable and contain the words	s "Limited Liability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."	-
and the second s	e mintey magnity tympany nerv	ž•	
A. If amending name, enter the new name of the	e limited liability company here	> *	
This amendment is submitted to amend the following	ng:		
Florida document number <u>L 1800020</u>	8446		
The Articles of Organization for this Limited Liabi	lity Company were filed on	8-30-2018 and assigned	
(A)	Liability Company as it now appears of Florida Limited Liability Company)		
(Name of the Limited I	Liability Company as it now appears	on our records.)	

New Registered Agent's Signature, if changing Registered Agent:

1 . .

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 veing 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
AMBR	prondien Louis	7896 SW 100 th St Miami, FL 33/56	□Add
		Miami, FL 33/56	□Remove
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing:		(optional)
effective date is listed, the date must be specific and c te: If the date inserted in this block does not me	not be prior to date of filing or more the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.02 curiements. This date will not be listed.
nument's effective date on the Department of Sta		
cord specifies a delayed effective date, but not a	effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
s filed.		•
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Signature of a me	iber or authorized representative of	र गांद्रमार्थन

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