L18000315204

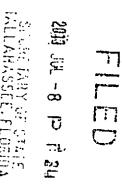
(Requestor's Name)
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COVER LETTER

		•	
SUBJECT:	Name of Limi	ted Liabitity Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Alexar	Name of Person	<u> </u>
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. The analysis of Person The analysis of Person Address City/State and Zip Code The analysis of December 1 of Firming annual report notification) information concerning this matter, please call: Name of Person Name of Person Area Code Daytime Telephone Number		
	2631 AZ	Calea Ave	
	E-mail address: (1	•	- <u>mail-Com</u>
For further information c			
Marie Mane o		Coust (7-86) 238 - Area Code Daytime	Felephone Number
Enclosed is a check for the	ne following amount:		
① \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ellah Endernüss	(\ _	FILED
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears of ability Company)	n our records.)
		2013 JUL -8 P 1: Z4
The Articles of Organization for this Limited Liability Company v	vere filed on $\underline{\mathbb{O}^{\in}}$	10/20/8 and assigned
Florida document number <u>L18000215204</u> .		HALLAHASSEE, FLORIDA
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 desig	mation "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)	<u> </u>	
	·	
B. If amending the registered agent and/or registered off		ir records, enter the name of the n
registered agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and acres	a to not in this can	naity. I firstly a group to somethy with t

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pierre A. Gastave	2631 Azalea Ave Miramar F	△Add
			□ Remove
			Change
			🗆 Add
			Remove
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			□ Add
			□ Remove
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			Change
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			Remove
			_□ Change

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lf an ef <u>Note:</u>	five date, if other than the date of filing: $06/24/2019$ (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord 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	Affonday June 361 2019.
Julu	
U	ilitating I for
Javed	Signature of a member or authorized representative of a member Come Come Come Come

Page 3 of 3

Filing Fee: \$25.00