L18000219068

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Divisi	ion of Corp	porations				
SUBJECT:	About Fa	ace East LLC	·			
_		Name of Lim	ited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ll correspor	ndence concerning this matter	to the following:			
		Annette B Hoffman				
			Name of Person			
		About Face East LLC				
			Firm/Company			
		207 Royal Palm Dr				
			Address			
		Ft. Lauderdale, FL 3330	1			
			City/State and Zip Code			
		Aboutfacetoo@gmail.com			٠,	
			to be used for future annual report notifi	cation)	0	-
For further into	ormation co	oncerning this matter, please co	네:		(T) (Z)	
Annette B Ho	ffman		713 907-4411 at ()		30	٦٤٢
	Name of	Posón		Telephone Number	คห.เ 2: ก7	- DC
					5:	그걸
Enclosed is a c	heck for the	e following amount:			1	OK.
■ \$25,00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is cracked)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	,

TO:

Registration Section

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	Zip Code
	. Fla	orida
New Registered Office Address:	Enter Florida street addres.	s
Name of New Registered Agent:		
agent and/or the new registered office address here:		
B. If amending the registered agent and/or registere	d office address on our records, enter	the name of the new registere
	1000	7
(Mailing address MAY BE A POST OF FICE BOX)	····	72.
Enter new mailing address, if applicable:	 	의 . 전, - 및 - 역
		の 元 - 5元
	 -	
(Principal office address MUST BE A STREET ADDI	ness)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the lim	ited liability company here:	
This amendment is submitted to amend the following:		
Florida document numberL18000219068		
The Articles of Organization for this Limited Liability C	Company were filed on September 13,	2016 and assigned
(A Florida	a Limited Liability Company)	_
(Name of the Limited Liabili	ity Company as it now appears on our record a Limited Liability Company)	5.)

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

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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	John W Hoffman Jr	207 Royal Palm Dr. Ft. Lauderdale FL 33301	= Add
			🗆 Remove
			□Change
	·		🗆 Add
			□Remove
			[] Change
	•		□ Add
			Remove
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(If an effe	ve date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	2/13/2020 Mille Hit Chara.
	Signature of a member or authorized representative of a member
	Annette B Hoffman

Filing Fee: \$25.00