L18000249729

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAR 2 7 2019 S. YOUNG

COVER LETTER

го:	Registration Se Division of Cor						
		a, US, LLC					
SUBJEC	~1; <u> </u>	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Franz C.Jobson, Esquire					
			Name of Person				
		Franz C. Jobson, P.A.					
			Firm/Company	elephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)			
		500 SW Third Avenue					
			Address				
		Fort Lauderdale, FL 3331.	5				
		City/State and Zip Code info@jobsonlaw.com					
		E-mail address: (to be used for future annual report notifi	cation)			
For furth	er information c	concerning this matter, please co	all:				
Franz Jo	bson		954 594,6008 at ()				
	Name c	of Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for t	he following amount:					
= \$ 25J	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			

MAILING ADDRESS:

TO:

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

(Name of the Limited	Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited Lia Florida document number <u>L18000245725</u>		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability compan	<u>v here</u> :
N/a		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company."	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ole: <u>N/a</u>	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	N/a	18 FH C
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered offi	<u>ce address here</u> :	on our records, <u>enter the name of th</u>
Name of New Registered Agent:	N/a	
New Registered Office Address:	Fintor	Florida street address
	Emer	
	City	Florida Zip 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
i	Garel Wray, AMBR	2550 SW 30th Avenue Hallandale, FL 33009	⊒ Add
			Remove
			Change
MGR	Anthony Copeland	2550 SW 30th Avenue Hallandale, FL 33009	= Add
			Remove
			Change
			Add
			Remove
			Change
			Add
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			Change
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lote: If the date inserted in this bl	lock does not r	neet the applica				
ocument's effective date on the D	epartment of S	state's records.				
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The 90th day after the rec			. an enective	time, at 12.t	T d.iii. Oil the ea	iner of
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Typed or printed name of signee

Filing Fee: \$25.00