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## **COVER LETTER**

ro:	Registration Section
	Division of Corporations

SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Travona Mayo		
		Name of Person	
		Firm Company	
	1A 476 Lombard st		
		Address	· · · · · · · · · · · · · · · · · · ·
	Orange Park Fl 32073		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information (	concerning this matter, please e	all:	
Travona Mayo		717 496 3582	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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, Ft. 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 living Sandard	FILED
( <u>Name of the Limited Lial</u> (A Flo	ida Limited Liability Company)  25H 110V - 2 A 45
The Articles of Organization for this Limited Liability	Company were filed on Sunbiz.org and assigned
Florida document number	- Lung i
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "I	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 AD	DRESS <sub>I</sub>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

### 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

of amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AGR = Manager | AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Travona Mayo	TA 476 Lombard St Orange Park F132073	
			□ Remove
			☐ Change
AMBR	David Stewart	1556 Walden st. Teaneck NJ 07666	Add
			□ Remove
			■ Change
			Add
			☐ Remove
			Change
			🗖 Add
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change

	·
(If an ei <u>Note:</u>	tive date, if other than the date of filing:
	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	11/26/2018  David Lewert  Grant authorized representative of a member
	David Stewart  Typed or printed name of signee

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Filing Fee: \$25.00