## L18000252657

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	#)	
PICK-UP WAIT	MAIL	
(Business Entity Nam	e)	
(Document Number)		
Certified Copies Certificates	of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Mindfully Rooted

**MAILING ADDRESS:** 

**Division of Corporations** 

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

	/ Name of Link	med manning company			
The enclosed Articles of a	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Brett Sor	e.1			
		Name of Person			
	Mindfully	Rookd			
	/	Firm/Company			
	1776 N. An	(1)1md Rd SHC	222		
	Plantation	FL 333 27	·		
	brett @bretts E-mail address:	City/State and Zip Code  City/State and Zip Code  Color to be used for future annual report notific	ation)	7. <u>10</u> 0	
For further information co	oncerning this matter, please co			. ~ 77	7
BIEH So	1-11	21,954 , 1083-1	1579		1
Name of	Person	at (959) US 3-1 Area Code Daytime	Felephone Number	E8 - 1 12/11:27	
Enclosed is a check for th	c following amount:			: -1	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability	Company were filed on O(1865(26)20)	S and assis	med
lorida document number <u>L1800025</u> Z 657		<u> mid d</u>	Siled
ional document number Et y 000 cy 2 0 3 1	<del></del> ·		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lin	mited liability company here:		
Brett Sorel 11C			
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	abbreviation "L.L	.C."
inton many majorianal officers addresses if annulinable.			
nter new principal offices address, if applicable:		<del></del>	
<u>Principal office address MUST BE A STREET ADL</u>	ORESS)		
	<del></del>		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			_
. If amending the registered agent and/or reg			f the n
egistered agent and/or the new registered office ad	ldress here:		ويعسجان محافا
			i į
NI CNI D. L. LA .			
Name of New Registered Agent:			
			-2-4
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address		
<del></del>		51 10 2	
	Enter Florida street address, Florida	Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

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 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	Membe

<u>l itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			Change
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			Change 2 2 — Add
			Change
			□ Remove
			Change

it amending any otr	ner information, enter change(s) here: (Attach additio	nai sneets, ij necessary.)
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If an effective date is liste Note: If the date inser	er than the date of filing:  d, the date must be specific and cannot be prior to date of filing or more ted in this block does not meet the applicable statutory filing date on the Department of State's records.	
	s a delayed effective date, but not an effective ti ser the record is filed.	me, at 12:01 a.m. on the earlier of
Dated January	23 Nevara, 2019	
	BUD ON C	
	Signature of a member or authorized representative of BIRTH SORP	oi a member
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00