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COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJE	ст: 112		30th Street, LLU ced Liability Company	<u> </u>
The enc	losed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please r	eturn all corresponden	ce concerning this matter to	o the following:	
	_	Brady W	Name of Person	
			Firm/Company	
	_	1112 N FI	MUV DNVU Address	<u> </u>
	_	his dia (a) (sa)	City/State and 221/7 Code	
		E-mail address: (to	ON USE USED FOR THE STREET OF STREET	n)
For furt	her information conce	rning this matter, please ca	ill:	
	Name of Pers	in du	at (954) 527- 41 Area Code Daytime Tele	phone Number
Enclose	ed is a check for the fo	Howing amount:		
□ \$2	5.00 Filing Fee	S30.00 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, 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**

ALAKIA

noth Ctrut 111.

(Name of the Limited Liability (A Florida	Company as it now app Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>ししを000 えつくしま</u>	ompany were filed on	12/03/2019	and ass	signed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," th	e designation "LLC" or th	_		
Enter new principal offices address, if applicable:	· 		<u> </u>	<u>></u>	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>				
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter the </u>	name of the ne	<u>w registe</u> :	<u>red</u>
Name of New Registered Agent: D. A	Eddy P	LLU DAV			•
New Registered Office Address:		Florida street address AU Florida	a 33307 Zip Code		•
New Registered Agent's Signature, if changing Registered	l 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Avalon	1112 N Flagler Drive	🗆 Add
		1112 N Flagler Drive Fort Lauderdale, FV 333	
			□Change
AMBR	Brady Lubb	1112 N Flagur Dni	
	J	FOR Laududay, FL 333	BOV □Remove
			□ Change
			□Add
			Remove 20
			□GHange → □ Add
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an effective date is listed, t ote: If the date inserted	than the date of filing he date must be specific and d in this block does not r e on the Department of S	l cannot be prior to date neet the applicable s	of filing or more than 90 tatutory filing requiren	(optional) days after filing.) Pur nents, this date will	suant to 605.02 not be listed
record specifies a delay Lis filed.	ed effective date, but not	an effective time, a	12:01 a.m. on the ear	lier of: (b) The 90	th day after th
ated Florus		3070			
	~Signatifrage for	member or authorized	representative of a memb	er	

4

Filing Fee: \$25.00