## L18000278870

<del></del>	(Requestor's Name)
	(Address)
··· - ···	(Address)
<u></u>	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
20 NH 15 HH 9455	
20	Office Use Only



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O SIMMONS 'JAN 1 6 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO. : 120	000000195
REFERENCE : 141	326/ 4328337
AUTHORIZATION :	Melenan
COST LIMIT : \$ 2	5.00
ORDER DATE : January 14, 2020	
ORDER TIME : 8:53 AM	
ORDER NO. : 141326-015	
CUSTOMER NO: 4328337	
<u>DOMESTIC AMENDMENT</u> NAME: 4RMAN, LLC	FILING
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATI	ON
PLEASE RETURN THE FOLLOWING AS PROOF O	F FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Kadesha Roberson E	XT#

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	4RMAN,		
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears on our record ability Company)	?)
The Articles of Organization for this Limited Liz Florida document number L18000278870	ability Company v	vere filed on 12/04/2018	and assigned $S$
This amendment is submitted to amend the follo	ET III 2018 JAN 1 SECRETAI Tallah		
A. If amending-name, eater the new name of			<u> </u>
The new name must be distinguishable and contain the w	ords 'Limited Liabili	ry Company," the designation "LLC	or the abbreviation at L.C.
Enter new principal offices address, if applica			FI A
(Principal office address MUST BE A STREE	I ADDRESS)		E 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BQX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office a ss here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	СНАРОТЕО, І	LC	
New Registered Office Address:	19069 S.E. WI	NDWARD ISLAND  Enter Florida street addre	n
	JUPITER		lorida <u>33458</u>
		City	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.

By:
If Changing Registered Agent, Signature of New Registered Agent

Ray Pronto, its Manager

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>	<u>Address</u>	Type of Action
AMBR	CHAPOTEO, LLC	19069 S.E. WINDWARD ISLAND	🗏 Add
		JUPITER, FL 33458	□Remove
			Change
PRES	HALLI NICOLOSO	230 UMBRELLA PLACE	<b>10</b> 00 <b>20</b>
		JUPITER, FL 33458	Remove
			177 ASSEC
VP	WILLIAM NICOLOSO	230 UMBRELLA PLACE	I_JAdd
		ЛИРІТЕК, FL 33458	m 80 ⊞Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			DAdd
			□Remove
		<u> </u>	DChange

. If amending any other information	enter change(s)	) here: <i>(Attacl</i>	additional shee	ts, if necessar)	<i>i.)</i>	
. If amending any other information	<b>5.</b>					
					SEC	2018
					RE	
					- 表表 :	<u>n</u>
					<del></del>	rexa.
					ATE 6	5
				<del>_</del>		-
						_
						_
						_
E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	partment of State	's records.			ling.) Pursuant to didate will not be !	
If the record specifies a delayed effective record is filed.	e date, but not an c	effective time, a	: 12:01 a.m. on the	e earlier of: (b)	The 90th day i	ifter the
Dated December 3/		019				
	Signature of a men	nber or authorized	representative of a	member		_
			LONTO			_
		ped or printed na				

Filing Fee: \$25.00