U8000279073

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sther Pierre Name of Person
Pelocation Consultant Yparts LLC
2930 NÉ 9th Aue
Pompano Beach, F1 330Ce 4 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FSther Pierrie at (954) 225-2009 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certified Copy & \$\Bigcup \$Certifie

MAILING ADDRESS:

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 Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/8000279073</u>	,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I BOSS I Trends Af The new name must be distinguishable and contain the words "Limited L.		he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME ADDRESS	
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	SAME INFO	19
(Mailing address MAY BE A POST OFFICE BOX)		<u>းခံ</u> ယ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	<u>here</u> :	iter the name of the no
Name of New Registered Agent:	NO CHANGES	
New Registered Office Address:	NO CHANGES NO CHANGES Enter Florida street address	
	Florid	a
	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.

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 added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
			Change
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			☐ Remove
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m effective <u>ote:</u> If the	date is listed. date inserte	than the date the date must be s d in this block of e on the Depart	pecific and co loes not me	annot be prior et the applic	able statuto	ng or more tha	n 90 days afte	onal) r tiling.) Purs s date will r	uant to 605.020 not be listed a
The 90tl	h day afte	delayed eff the record	is filed.					a.m. on t	he earlier o
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Filing Fee: \$25.00