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COVER LETTER

TO:

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SUBJECT:	1-to Nest 5	Pinit Publiching	110
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	1M
	es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Locate Locate Locate		
		1341 NW 36 th S	Theet
		Laudinhill FL 3 City/State and Zip Code	33/9
	E-mail address: (ning this matter to the following: Kareen Welson	
For further information c	oncerning this matter, please ca	all:	
Kareen L.	Welson	at (<u>954</u>) <u>609</u> -	2619
) Name o	I Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C	orporations	Division of Cor	porations
Registration S Division of C	Section forporations 7	Registration Sec Division of Cor The Centre of T	porations allahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	shing LL	2020 AUG 21 FN 7: 49		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	<u>iny as it∕a∕ow appears oi</u> Liability Company)	n our records.)		
		1		
Florida document number				
The Articles of Organization for this Limited Liability Company were filed on				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter now mailing address if applicables				
(Mulling uddress MAT BE ATOST OFFICE BOX)		_		
agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new registered		
New Registered Office Address:				
	Enter Florida	street address		
		, Florida		
	•	Zip Code		
	ree to act in this cap performance of my provided for in Cha	duties, and I am familiar with and opter 605, F.S. Or, if this document is		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2020 A11 = 21 F11 7	1: 49Type of Action
AM BR	Eddy Nelson Zhusbant	1341 NW36 H Street Lauderh: 11, FL 33319	C 1 Add
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Note: If the	ite, if other than date is listed, the dat date inserted in the effective date on t	is block does not	meet the applica	to date of filing o	r more than 90 ling requiren	(optio days after i nents, this	nal) Hing.) Pursuant to 605.0 date will not be listed	0207 (d as t
ic record spec ord is filed.	rifies a delayed ef	Pective date, but n	ot an effective ti	nc, at 12:01 a.i	n, on the earl	lier of: (b)	The 90th day after	the
Dated	2/13/20	; }	a member or autho	USAN prized representa	tive of a memb	er	LNEL_	
				Ve /Son	·	V	en L. Káljan	: