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☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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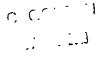




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2819 CCT 15 PK 4: 29



#### **COVER LETTER**

Division of Cor	porations		
SUBJECT:	WORD-COUT V Name of Limi	ARE LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Ma	Name of Person	
		Firm/Company	
	878 NI	2 Elst WAY	
		Address	
	PLANTA	TION/FL 3	3324
	E-mail address: (to	City/State and Zip Code  aike more 1 @ 9 more 1 or be used for future annual report r	il. com
For further information co	oncerning this matter, please ca	11:	
Maike Mc	Person	at ( <u>786</u> ) <u>6</u> 2 Area Code Day	20 500 C time Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

word - coute	ire LLC 2019 no. 15 PM 4:29
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companiforida document number <u>L 1900006846</u> .	y were filed on $\frac{01/04/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
PHONELACE	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500 NW 2nd Ave
(Principal office address MUST BE A STREET ADDRESS)	500 NW 2nd Ave # 12836
	Miami FL 33101
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	878 NW 81st Way Plantation FL 33324
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
The Windstea Mile March.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 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	Type of Action
			☐ Remove
			Change
	<del></del>	☐ Remove	
		Change	
		····	□ Remove
			☐ Change
	<del> </del>		
		□ Remove	
			□ Change
		□ Add	
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			Change
			Add
			☐ Remove
		Change	

D. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	(optional) ective date, if other than the date of filing:  (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Octobes 10th 2019 July Signature of a member or authorized representative of a member
	Maike Morel Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00