

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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|--|--|--|---|
| TO: Registration Sec Division of Corp | tion | | |
| SUBJECT: | SZ INVC: | Strents LLC ited Liability Company | |
| The enclosed Articles of A | amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Phil M | Darott-a Name of Person | |
| | P57 - | IN westments 1 | uc_ |
| | 10442 | Sartiago ST | |
| | Cooper Cit | City/State and Zip Code 31 G F Y L to be used for future annual report notific | Dellsoth. Ner |
| For further information co | ncerning this matter, please ca | all: | |
| Phil Mar Nume of | Ot4a Person | at (<u>954)</u> <u>559</u> Area Code Daytime | 7724 Telephone Number |
| Enclosed is a check for the | following amount: | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | \$4 \$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

TO ARTICLES OF ORGANIZATION OF

| - P3Z In | sest ments | |
|---|---|----------------------------|
| (Name of the Limited Liab) (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on 1/7/19 | and assigned |
| Florida document number <u>L 190000</u> | 81 12 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "L1.C" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | · |
| (Principal office address MUST BE A STREET ADD) | RESS) | |
| | | |
| | | 2020 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | : = = |
| | | <u> </u> |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the r</u> | name of the new registered |
| agent and/or the new registered office address here. | | 1.5 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | - |
| | Florida | |
| | 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

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------|--|
| MGR | Sherry Marfisi- | - Marotta | DbAKQ |
| | | 10442 Scatingo ST | Петюче |
| | | Coper City, FL. 33026 | □Change |
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| tive date, if other than the date of filing: | or more than 90 day: | optional) safter filing.) P s, this date wi | Pursuant to 605 ill not be liste |
| rd specifies a delayed effective date, but not an effective time, at 12:01 a. iled. | m. on the earlier (| of: (b) The S | 90th day after |
| 12/10/20 Mellingth of a member or authorized representation | ive of a member | | |