## 11900000 9426

(Requestor's Name)
(Address)
, ,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 51 2019 LALBRITTON

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
		ROUBLE LLC				
SUBJ	JECT:		ited Liability Company			
The e	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		LAWRENCE HABER				
		LAW OFFICES OF LAWE	Name of Person RENCE H. HABER, P.A.	<u> </u>		
Firm/Company 15 ESCONDIDO COURT, STE. 138			• •			
		ALTAMONTE SPRINGS.				
		City/State and Zip Code LAWRENCEHABER@GMAIL.COM				
		E-mail address: (	to be used for future annual report notific	ation)		
For fu	arther information co	oncerning this matter, please ea	all:			
LAW	RENCE HABER		407 451-2000 at () Area Code Daytime 7			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	e following amount:				
<b>■</b> \$:	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:

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

2019 JAH22 AY 4:21

WE GOT TROUBLE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000009426		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1980 PARKSIDE CIRCLE SOU	гн
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FLORIDA 3348	6
Enter new mailing address, if applicable:	1980 PARKSIDE CIRCLE SOU	гн
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FLORIDA 3348	6
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>c</u> :	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
If Char	nging Registered Agent, Signature of	New Registered Agent

Page 1 of 3

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 Type of Action <u>Address</u> <u>Title</u> Name KIM STLEON 2615 SW 29TH WAY MGR FT. LAUDERDALE, FL 33312 □ Remove \_ ■ Change ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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का et ote:	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
ited	January 13 2019 Lawrence Haber 1550
	Lawrence Haber 1850
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00