L19000014632

(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:





500336446055

11/07/13--01007--022 **25.00

SS & CLICAN BIRTH



COVER LETTER

	Registration Sec Division of Corp			<i>(</i> *	
SUBJEC	Т:	Name of Lim	47 LL C		
The enclo	sed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence concerning this matter to the following:					
		Se	th Infante	_	
		Cal	th Infante Name of Person Te 47 LLE		
			Firm/Company S.W. 2154	٥	
			Address	<u> </u>	
		Jamsism 1	FI 3302	27	
		E-mail address: (to	City/State and Zip Code thinfante @ ho o be used for future annual report n	tmail. Com potification)	
For further	r information co	ncerning this matter, please ca	II:		
Sett	h Infa	nte	at (3 05_)95	51-8686	
	Name of I	'erson	Area Code Dayı	ime Telephone Number	
Enclosed	s 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)	☐ \$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

c) a	te 47 LLC ELLER
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document numberL 190000	bility Company were filed on St. CAPTARY OF STATE JALLAHASSEE, FLORIGA
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	number L1900014632 s submitted to amend the following: name, enter the new name of the limited liability company here: re distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: address MUST BE A STREET ADDRESS) reg address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent: intered Office Address: Enter Florida street address Florida
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:
Principal office address MUST BE A STREET	for this Limited Liability Company were filed on L 1900014632 to amend the following: the new name of the limited Liability company here: ble and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) ered agent and/or registered office address on our records, enter the name of the new new registered office address here: ered Agent: ce Address: Enter Florida street address
Enter new mailing address, if annlicable	
	2X)
	sof Organization for this Limited Liability Company were filed on
Species agent and or the new registered office	e nouress nere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Ely Cour

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 = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** 12993 S.W 21 Street 33027 _□ Change MGR Seth Infan 12993 S.W 21 Street ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
	-
(If an ef Note:	five date, if other than the date of filing: (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord 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	10/10/2019
	Signature of a member of authorized representative of a member
	Organista of a member of a member
	Seth Intante Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00