L1900003803

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

Office Use Only



000331592860

Billian Committee Bernard

19 JUL -8 PM 7: C SECRETARY STATE ALLAHASSEE, FLORID

JUL 1 8 2019

S. YOUNG

COVER LETTER

	Registration Sect Division of Corp					
ena me	Tr.	(adu's	s sono LLC			
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspond	dence concerning this matter	to the following:			
		Lo	Name of Person			
			Name of Person			
			Firm/Company			
		8010 NW	108th ave			
			Address			
		Tamaiac	FIONIDA 33 City/State and Zip Code	32		
			City/State and Zip Code			
		E-mail address: (1	COMEZ (a) NO Th	Cation)		
For furthe	r information cor	ncerning this matter, please ca				
	Lacy		at (<u>951)</u> 397 3	3595		
	Name of F	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for the	following amount:				
□ \$25.0°	0 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)		
	MAILIN	G ADDRESS:	STREET/COURIE	'R 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

V	' F	图 5 为
Lady's So	no LLC	1888E
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	- P D
The Articles of Organization for this Limited Liability Company	were filed on OI 22 U	Olerand Rigned
Florida document number <u>L190000 23 803</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		400000
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	8010 NW 108 th tamarac F10	ave
(Principal office address MUST BE A STREET ADDRESS)	tamarac FIU	<u>rida, 33321</u>
	and the inoth	
Enter new mailing address, if applicable:	SOID NW 108th	ave.
(Mailing address MAY BE A POST OFFICE BOX)	Tamurac Flor	aa, 33321
B. If amending the registered agent and/or registered of		nter the name of the r
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florid	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 a 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Lady Correa	8010 NW 108 th ave tamaras FL, 33321	E Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change

_	
_	
_	
_	
	
_	
_	
_	
_	
_	
_	
_	
(If an effect Note: 1	re date, if other than the date of filing:
(b) The S	ord 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.
Dated _	July 2nd 2019.
	July 2 nd 2019 Cally Corred Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Ciclis Crixing
	Typed or printed name of stance

D. If amending any other information, enter change(s) here: (Attach daditional sheets, if necessary)

Page 3 of 3

Filing Fee: \$25.00