## 119000027368

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APR 05 2019 S. YOUNG

## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:	FATHER H	IOODS LLC				
v	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		MARSHA SIHA				
		<u> </u>	Name of Person			
		INCFILE.COM LLC				
		-11/2	Firm/Company	<del></del>		
		17350 STATE HWY 249 :	SUITE 220			
			Address	<del></del>		
		HOUSTON TX 77064				
			City/State and Zip Code	<del></del>		
		E-mail address: (	M  to be used for future annual report notit	fication)		
For further in	nformation co	oncerning this matter, please co	•			
MARSHA S	SIHA		855 829-9090			
Name of Person		at () Area Code — Daytimo	: Telephone Number			
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling 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		
		ING ADDRESS:	STREET/COURI			

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

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FATHER HO	OODS ELC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number 1.19000027368	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		75.76
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	:	enter the name of the new
	Enter Florida street address	
	, Flori	daZin Code
New Registered Agent's Signature, if changing Registered Agent:	City	ray GIAR
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
AMBR	MANUEL MONTILLA	228 E RTE 59 #155	
		NANUET, NY 10954	☐ Remove
			Change
AMBR	BOOGIE DOWN MEDIA	228 E RTE 59 #155	
		NANUET, NY 10954	≘ Remove
			☐ Change
			Remove
			□ Change
		· · ·	Add
			Remove
			Change
	N		Add
			□ Remove
		-	Change
	-41-		
			Remove
			☐ Change

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Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and s block does not r	I cannot be prior neet the applica	to date of filing or m	ore than 90 days afte	r filing.) Pursuant to 60	)5.0207 (3 sted as the
	<b></b>					
the record specifies a delay ) The 90th day after the r	yed effective or record is filed.	date, but no	t an effective t	ime, at 12:01	a.m. on the earl	ier of:
Dated MARSHA 21			<u> </u>			
EricNe	ani adi					

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Filing Fee: \$25.00

Typed or printed name of signee