119000027622

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

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R. WHITE FEB 2 8 2019

COVER LETTER

TO: Registration Se Division of Cor		,	/
SUBJECT: / 🗇	/ / / /	audscape ug Maited Liability Company	engeneet II (
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Manairo 16010 Sa	Name of Person Name of Person Accepting Myre Firm/Company 300 ST Address City/State and Zip Code	3.3.
	Email address:	19NHO Gmail. Co to be used for future annual report notifi	-
EZIK	oncerning this matter, please ca	ail: at (305)_484_	307 G Telephone Number
Enclosed is a check for th	oo fullowing amounts	•	
	ic 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

ADTICLES OF ODCANIZATION

ARTICLES OF	ONGAMIZATION,
	OF FILED
	/. C. 2010 read / / C
IG NURERY & fauckson	apeng 2 319 1 725/2:50
(Name of the Limited Liability Con	npany as it now annears on our records.)
	TAYLAHASSE TATE
The Articles of Organization for this Limited Liability Compa	my were filed on fun 28 2019 and assigned
Florida document number 49000027622	
This amendment is submitted to amend the following:	
A 15	ability company house
A. If amending name, enter the new name of the limited li	abinty company nere:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	-
Enter new mailing address, if applicable:	
•	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address b	ict c.
Name of New Registered Agent:	
New Registered Office Address:	
The megistered Office Hadings.	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

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>	Name	Address	Type of Action
AR	Joef Tirado	7871 Sa) 140 ave Meane Fe 33183	Add
	,	Mcami F2 33183	Remove
			Change
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an effecti ote: If	date, if other than ve date is listed, the date the date inserted in thi 's effective date on th	must be specific and s block does not r	d cannot be prior t meet the applica	o date of filing or mo ble statutory filing	(option of the contract of the	nal) iling.) Pursuant to 605.0207 date will not be listed as
recor	d specifies a dela	yed effective (date, but not	an effective ti	me, at 12:01 a	m. on the earlier o
The 9	Oth day after the	record is filed.	ı			
· <u>,</u>			• 0.40			
ated _	7186/9		, 2019	_·		
	ations		5)		
_	Left of	Signature of a	member or autho	rized representative	of a member	
		and A		\int_{0}^{t}		

Page 3 of 3

Filing Fee: \$25.00