

(Re	equestor's Name)	-
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: NCHOCIUNCE RELOCATION (NO D. LUC)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Michical Company
416 S. ADETCOGO CICLE Address
Ling the Decacle F 3343(1) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
LEVOY LOCK (E) at (443) COC - 3700  Name of Person at (443) Daytime Telephone Number
iclosed is a check for the following amount:
L \$25.00 Filing Fee Sound Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	unv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LICI COOS 1480.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	416 S. ADECCOG CIC BYNTON BECKLING FL 33436
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	416 S. Abercun Cir Boynton Reach FL 33436
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	<b>5</b> 1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Torey Garza	3. Aberearn Cirche Beynten Beach FL 33436	MAdd
	·	Bounton Bonch FL 33436	□Remove
			Change
			□Add
			□Remove
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			🗀 Change
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ote: H	e date, if other than the date of filing:
is filed	
ted _	Feb 6th 2020
	Feb. 6th 2020  Signature of a monner or authorized representative of a member  (every Adam Warran  Typed or printed name of signee

D.

Filing Fee: \$25.00