# L1900003914/

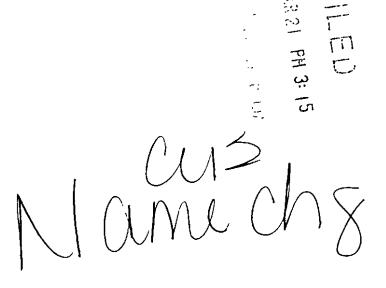
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	Mx Property 1 Name of Limit	nuestments LL ited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	- Marib	el Godine 2_ Name of Person	<del> </del>
		Firm/Company	
	237	E Cypress St	·
	_ wint	City/State and Zip Code Stor Sason @ a o be used for Universal report no	-1 34787
	E-mail address: (t	Storsasoop@a	mail. (om ification)
For further inform	ation concerning this matter, please ca		
Ma	ribel Godine Z_ Name of Person	at (407) 670 Area Code Daytin	0 - 8 5 7 9 ne Telephone Number
Enclosed is a chec	k for the following amount:		
□ \$25.00 Filing	Fee \$\infty\$\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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

· · · · · · · · · · · · · · · · · · ·	''
(Name of the Limited Liability Compa (A Florida Limited I	vere filed on 02/07/2019 and assigned
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900039141</u>	were filed on 02/07/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	237 E Cypress St.
Principal office address MUST BE A STREET ADDRESS)	Winter Garden
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 770743 Winter Garden Fl 34 777
<ol> <li>If amending the registered agent and/or registered off registered agent and/or the new registered office address here</li> </ol>	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
from Destroy of A. (2) (2)	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 Title Name <u>Address</u> **Type of Action** \_□ Add ☐ Remove \_□ Change ☐ Remove ☐ Change \_□ Add \_\_\_\_\_ 

Remove ☐ Change \_□ Add \_\_□ Remove \_ Change \_ 🗆 Add \_□ Remove \_□ Change □ Add ☐ Remove

☐ Change

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n effe ite: - I	ve date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
ed_	March 19. 2019.
	Signature of a member of authorized representative of member
	\

Page 3 of 3

Filing Fee: \$25.00