# 1190000 41782

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### **COVER LETTER**

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	ration Section on of Corporat		<b>.</b>	<b>:</b> .		
SUBJECT: _	B	TOGOTH C	LC			
		V Name of Limite	ed Liability Company			
The enclosed A	rticles of Amer	ndment and fee(s) are subm	itted for filing.			
Please return al	l correspondenc	ce concerning this matter to	the following:			
	<del></del>	Domini	OUL WYIA	ht		
		·	Firm/Company			
		7703	LIPING ST Address	unit C		
	_	Pensa	cola, FL	32514		
		Bri jo don E-hadi address: (to	City/State and Zip Code  LLC Gamo  be used for future angual repo	ail.com	19 F	
For further info	rmation concer	ning this matter, please call	·		1.	. <del>-</del> -
Dom	Name of Perso	2 Wright	at (830) 73	3 CI - CI ZC Daytime Telephone Number		) ( = 100 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
					<u> </u>	- 554 - 75131 - 75
Enclosed is a ch	neck for the foll	owing amount:				
\$25.00 Filir	ng Fee 👿	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	te of Status &	

#### 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 Company of (A Florida Limited Liab			
(A Florida Limited Liability Company (A Florida Limited Liab	<u>as it now appears on</u> illity Company)	our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1900041782</u>	ere filed on Feb.	11,2019;	8.00 avv and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	<del></del>
_		<del></del> -	
Enter new mailing address, if applicable:	<del></del>		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
_		**	1
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on ou	ır records, <u>enter</u>	the name of the new
			ション (3m) そ (3m)
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida :	street address	
		Florida	
	City		Zip Code
Van Dogistared Agant's Signature if changing Dagistared Agant			

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member					
<u>Title</u>	<u>Name</u>		Address	,	Type of Action	
AMBR	Briana Rene	e Moore	4412 Nore	ave, Pace, FL 3.	2571/ MAdd	
		-			i Kemove	
		_			Change	
AMBR	Josiah Wayn	e. Ne Camp	- 2301 W	. Michigan Ap	+ 24 Pensacola 32526	FL
		-			Remove	
		-			Change	2
AMBR	Mathew Joh	n Slesins	ski 13260	county rd 93, C	Miary, AL SUS 4	ĺ
		-			□ Remove	
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				<del></del>	Add	
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		-	<del>7</del> ,		□ Remove	
		_			Change	

amending any other information, enter change(s) here: (Attach	J,
	<del></del>
fective date, if other than the date of filing:	(notional)
n effective date is listed, the date must be specific and cannot be prior to date of finite. If the date inserted in this block does not meet the applicable statute current's effective date on the Department of State's records.	(optional)  lling or more than 90 days after filing.) Pursuant to 505.020 ory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
ted	
$\mathcal{A}$	
Signature of member or authorized repre	sentative of a member
Dominique Wrice Typed or printed name of	: h+

Page 3 of 3

Filing Fee: \$25.00