## 119000042105

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06/20/13--01006--020 \*\*30.00

FILED #1.84.2°

JUL 0 1 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Division of (	n Section Corporations		
SUBJECT:	Always E Name of Limi	ted Diability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	(a+1	nerune Martine Name of Person	2
	A10	Says Eyes 11c	
	12411	White Feath	ir Oc
	E-mail address: 0	City/State and Zip Code  City/State and Zip Code  O DOUS COOK OF THE COOK OF T	Jagas Ues.com
For further informatic	on concerning this matter, please ca		,
( <u>_</u>	ne of Person	at (904)22	1 - 1212 ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25,00 Filing Fee	-	□ \$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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	es    C iny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 42105</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		75 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:	Po. Box 35016	5/20
(Mailing address MAY BE A POST OFFICE BOX)	Lacksonville, F1.3	3235
B. If amending the registered agent and/or registered o		er the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	791 - 1.1	
<del></del>	, Florida . ,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further	agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Catherine Sonchez Mart	Fine 2 12411 White Feather Da	<u>`</u> □ Add
		Jacksonville, F13222	5_□ Remove
			<b>Ø</b> Change
AMBR	Mirza Halilovic	12411 White Feather Dr	□ Add
		Jacksonville, F1 32225	Remove
			15 Change
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n effecti o <u>te:</u> If t	ve date is listed, the he date inserted in	nan the date of f date must be specifie in this block does r on the Department	c and cannot be not meet the a	pplicable stati	filing or more that tory filing requ	(option 90 days after a direments, this	filing.) Pursuant to	605.020 listed a:
recor he 9(	d specifies a d Oth day after th	lelayed effectiv he record is fil	ve date, bu ed.	it not an eff	ective time,	at 12:01 a	.m. on the ea	rlier o
ted	June	18	20	19				
			1.		•			
		Signature	of a member of	authorized rep	resentative of a r	nember	<del></del>	•

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Filing Fee: \$25.00