L19 0000 51062

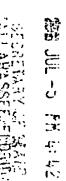
(R	equestor's Name)	
(Á	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





100331263671

10/85, 19--11 Jan 19-11 ...



COVER LETTER

Division of Cor	porations		
SUBJECT: LC	Wishuc	ted Liability Company	%
	Name of Limi	ted Diability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Moniqu	L Simon Name of Person	
	<u>ilavis</u>	Firm/Company	
	735 Mai	1 Du Day Apt	#107
	<u> W. P. I</u>	3, FL 3340/ City/State and Zip Code	
	MONIQUES: (1) E-mail address: (1)	MON110 UNO 1	COM
For further information c	oncerning this matter, please ea		
MONIQUE S	f Person	at (<u>305</u>) <u>430 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

TO:

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 as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Limited (A	Liability Company Florida Limited Lia	<u>as it now appe</u> bility Company	ars on our records.)	Sign of the same
The Articles of Organization for this Limited Liab	oility Company w	ere filed on _	6/27/19	and assigned
Florida document number	<u></u> •			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	<u>he limited liabili</u>	ty company	here:	
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			-
(Principal office address MUST BE A STREET.	ADDRESS)	<u></u>		
Parament mailing address if applicables				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OV)		-	
induling dualess mat be a rost of the be	<u> </u>		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi ce address here:	ice address (on our records, <u>enter</u>	the name of the no
Name of New Registered Agent:				
New Registered Office Address:				
		Enter F	lorida street address	
		Cim	, Florida	Zip Code
		City		Lip Cone

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Malibu Day	Type of Action
Mgh	MONIQUE Simul	Address Malibu Day 135 Mather Anthor	DAdd
v	·	W. P. B. FL 33401	□ Remove
			Change
			□ Add
		·	□ Remove
			□ Change
			Remove
			Change
			Add
			Remove
		<u> </u>	Change
			□ Remove
			Change
			Add
			□ Remove
			Change

-										.
_										
_	_	_								
-									 	
-	-						·		_	
								_		_
•										
-										
							<u>. </u>	_	_	
					<u>_</u>				_	· · ·
•										
	·						_			
	<u> </u>			 -	-					
							<u></u>		.	
				<u> </u>						
		_		_	·					
F Fffec	ive date, if	other than	the date o	of filing:				_ (0	ptional)	
(If an el	fective date is l If the date ii	listed, the date	e must be spec	citic and can	not be prior to	o date of tiling	g or more th	an 90 days a	ifter filing.) this date w	Pursuant to 60: fill not be list
docur	nent's effecti	ve date on the	ne Departme	ent of State	's records.	ore simmory	5 . + 4			
If the re	cord speci 90th day	fies a dela	yed effect	tive date	e, but not	an effect	ive time,	at 12:0	1 a.m. o	n the earli
יווו לט	; John day	/ 2 -	/	med.			<i>^ ′</i>	1		
	- Co l	d7/	19			_:	1-/-	1-/	2	/_
Dated	\ \ \ \ \ \ \					1	' / /		1. /	/
Dated				•4 4 a	(/	/	/ /	/ / /	IM	
Dated	_ 	4	Honou	MACOL a mem	iber or adibor	rized serveser	ntative of a r	nember	N	

Page 3 of 3

Filing Fee: \$25.00