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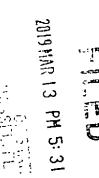
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C. GOLDEN MAR 25 2019

COVER LETTER

	Registration Sec Division of Corp					
SUBJEC	Т:	Margar H Name of Limi	G WichollS Lited Liability Company	LC.		
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspor	ndence concerning this matter	to the following:			
		MAX ADAMS				
		THE MEDI LAW FIRM	Name of Person			
		Firm/Company 2151 S LEJEUNE ROAD SUITE 306				
Address CORAL GABLES, FL, 33134	 					
		INFO@THEMEDILAWFIRM	City/State and Zip Code I.COM			
		E-mail address: (0	to be used for future annual report notif	ication)		
For furthe	er information co	oncerning this matter, please ca	all:			
MAX AD	·	10	305 444-3484 at () Area Code Daytime	The Market Market		
	Name of	rerson	Area Code Daytime	: Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 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 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**

FILED

Margarita Nic	2019 HAR 13 PM 5: 31
(Name of the Liphited Liability Compan (A Florida Limited I.	iy as it now appears on our records.) iability Company) HAUSEL, FL
The Articles of Organization for this Limited Liability Company of Florida document number	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8329 WindSor Bluff Dr. Tampa, Fl., 33647
(Principal office address MUST BE A STREET ADDRESS)	10mpa, tc, 33647
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8329 WindSor Bluff Dr. Tampa, Fl. 38647
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida 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

<u>Title</u>	Name	Address	Type of Action
MGR	Judita U. N: Choils	8329 Windson Bluff D.	<u>⊬_</u> □ Add
-	V	8329 Windson Bluff D. Tampa, FL, 33647	□ Remove
			🗆 Add
•			□ Remove
			Change
			Add
			□ Remove
			Change
			🗆 Add
			C Remove
			Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
			Change

•	
	
(If an et Note:	ive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 11 . 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00