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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	Zygmunt Name of Limit	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Anthon	ne Damiana A	( · ( · )
	Parcak,	Name of Person  Gaffre t Dame Firm/Company	anakis, P.A
	2348	Sunsel Pt. Rd	
		Address	
	Cle	arwater, FL	33765
		City/State and Zip Code	
	E-mail address: (10	o be used for future annual report notific	shed - com
For further information con	cerning this matter, please ca		
Anthre Name of P	1	at (202) 796 Area Code Daytime	6 777/ Telephone Number
Enclosed is a check for the	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 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 Liabi	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{2/35/19}{39}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
•	
Enter new mailing address, if applicable:	20
(Mailing address MAY BE A POST OFFICE BOX)	9
	A: 5 T
	75 26 Para
B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office ac	idiess here.
	المحاصلة الم
Name of New Registered Agent:	
New Registered Office Address:	Enter Floried street address
	, 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Pawel Zygimunt	1849 Sunsise Bled Clearwater, FC 33760	B Add
		Clearwater FC 33760	P ☐ Remove
			🗆 Change
AMBR	Christo Kyriazis	7713 Justin Ct.	Ø Add
		7713 Justin Ct. St. Petrisburg, FL: 3370	9 🗆 Remove
		<del></del>	□ Change
			O Add
			Remove
			Change
			Remove
			Change
		<del> </del>	Remove
			Change .
			🗆 Add
			Remove
			Change

(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d_Augst 1.2019.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00