

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	······································
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04/25/19--01008--005 **130.00



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COVER LETTER

	gistration Sect vision of Corpo							
SUBJECT:		A IRO /	nINI	<i>LLC</i>				
		Nan	ne of Limited	Liability Company				
The enclose	d Articles of A	mendment and fee(s) are submitt	ed for filing.				
Please retur	n all correspond	dence concerning thi	s matter to ti	he following:				
		D	AN	A-SHER Name of Person				
				Name of Person				
		AE	RO M	INI LCC Firm/Company IVY M/C Address	- (
				Firm/Company			701	
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			C	ity/State and Zip Code				
		E-mail	ONSTO	Firm/Company U \(\text{M} \) C Address A \(S \) C Eity/State and Zip Code C \(L \) A \(T \) O \(N \) E \(u \) sed for future annual	report notificati	6 <u>MA/C.</u> ion)	Com =	-
For further i	nformation cor	cerning this matter,	please call:					
	DAN	ASHER		at (<u>407</u>) Area Code	766-	6073		
	Name of I	Person		Area Code	Daytime Te	lephone Number		
Enclosed is	a check for the	following amount:						
\$25.001	Filing Fee	\$30,00 Filing Fe Certificate of S		□ \$55.00 Filing Fee & Certified Copy (additional copy is enc.		Certified (e 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

AFRO MINI, LL	C.
(Name of the Limited Liability Compar (A Florida Limited L.	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 76526/64537 This amendment is submitted to amend the following:	1 1
A. If amending name, enter the new name of the limited liabi	lity company here:
DOGIL MODELLIGO	W.C
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	553 CAPITAL CIRCLE SW
(Principal office address MUST BE A STREET ADDRESS)	UNIT #3
	TACLAHASSEC, FL 32304
Enter new mailing address, if applicable:	SS3 CAPITAL CIRCLE SW UNIT #3 TALLA HASSE FL 32304
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	TALLA HASSE PL S2304
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	19 A
	Finter Florida street address FD
	City - Zip Cone
New Registered Agent's Signature, if changing Registered Agent:	무를 표
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Remove
			□ Change
			EAdd -
			Remove
			- G-Change
			BAdd Remove Till Charge
			Remove
			Change
			
			Remove
		<u> </u>	Change
			☐ Remove
			Change

lf amendi	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
		
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If an effectiv Note: If the	e date, if other than the date of filing:	uant to 605.0207 tot be listed as
he record The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other day after the record is filed.	ne earlier o
Dated	APRIL 25. 2019.	
	Signature of a member or authorized representative of a member	
	A N A SI-IER Typed or printed name of signee	

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Filing Fee: \$25.00