## L19000064552

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19 MAR 20 PH PAR 19 MAR 20 PH 2: 35

## **COVER LETTER**

Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Rame of Person
Firm/Company
323 Lynn Drive Suite B
Janto Rosa Dency Fl 32459 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (150) Dollo  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \text{(additional copy is enclosed)} \$\Bigcup \text{S60.00 Filing Fee, Certified Copy} \text{(additional copy is enclosed)}

MAILING ADDRESS:

TO:

Registration Section

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 recor	rds.)
The Articles of Organization for this Limited Liability Company were filed on 3161	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	F3 # 7
(Principal office address MUST BE A STREET ADDRESS)	多一
	PH 2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	55 S
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:  Name of New Registered Agent:	ds, <u>enter the name of the new</u>
New Registered Office Address:	
Enter Florida street addre	ress
, F	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. If provisions of all statutes relative to the proper and complete performance of my duties, a accept the obligations of my position as registered agent as provided for in Chapter 605 being filed to merely reflect a change in the registered office address. I hereby confirm to company has been notified in writing of this change.	and I am familiar with and 5, F.S. Or, if this document is
If Changing Registered Agent, Signature	e of New Registered Agent

	Authorized Person(s) authorized to mar rom our records:	rage, enter the title, name, and address of each	n person being aud
MGR = Ma	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Ü	RC11-677	Unit B	□ Remove
		Santa Rosa Bencu	☐ Change
		2000	□ Add
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			□ Remove
			□ Change

Signature of a member of amenber of amenber of amenber  (optional)  (optional)								
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Signature of a member or authorized representative of a member	he 90th day	3/37	_	P10C.				
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Filing Fee: \$25.00