## L19000075922

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Same of Limited Liability Company	
Same of Emmed Liability Scouping	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Per Foring, APIN, LCC Firm/Company	
3355 WILD BAMIN WA	17
City/State and Zip Code  Furi Number Code - Code  E-mail address: (to be used for future annual report notification)	<u>O</u>
furinge cial-ca	
E-mail address; (to be used for future annual report notification)	
For further information concerning this matter, please call:	
That Ferbre 311703, 494-60	al
Name of Person at (723) 494 - 60  Name of Person Area Code Daytime Teleph	none Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy radditional copy is enclosed)
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAUL TE SINO APRALIC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $3-18-19$ and assigned Florida document number $L19006075922$
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 "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enfer the name of the new registere</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			[J]Change
			□Add
			□Remove
	/		□Change
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fective date, if other than the date of filing:	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
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cument's effective date on the Department of State's	s records.
powed amorition a distanced affine time date. But not an el	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	The control of the control of the control of the control of
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1) and	
Signature of a memb	er or authorized representative of a member

Filing Fee: \$25.00