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19 JUL -8 PH 7: 0: SEGNETA 'Y SESTATE TALLABASSEE, FLORIDA

JUL 1 8 2019 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	PROPERTY Name of Limi	PROS ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	FELICIA	KIRBY	
		Name of Person	
	J-1 PRO	PERTY PRUS	
		Firm/Company	
	120 OSE	MINGORD	SUITE 243
		Address	
	PENBRUKZ	PINES, FC	33037
	INFOQ) TF	City/State and Zip Code	
		to be used for future annual repor	
For further information co	ncerning this matter, please ca	all:	
FELICIA -	KARRY	1,954, 30	0-1541
Name of	Person	Area Code D	aytime Telephone Number
Englosed is a check for the	e 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

Company as it now appears on our records.)

The Articles of Organization for this Limited Liabil Florida document number	ity Company v	were filed on	3129/19	7 De and assigned
This amendment is submitted to amend the following	າg:			
A. If amending name, enter the new name of the	limited liabil	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words	"Lunited Liabili	ty Company." the des	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		3710C	FLAMIN 243 WKZ PIN	CO RD CB, Y1 330
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>V</u>	Stute 3	FLARVING 243 XZ PINZ	50RD 3,4233VG
B. If amending the registered agent and/or registered agent and/or the new registered office	•		our records, <u>ente</u>	the name of the r
Name of New Registered Agent:	FEU	X 4121	NRBY	
New Registered Office Address:	520 S. F		la street address	TE 243
	CHABRONS.	KE PINZE		33027 Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	·		•

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	FELICIA KIRBY	Address 320 STLAHLIKIGO RD SUITE 243 PEMBRUKE PINES, FL 33037	🗹 Add
			☐ Remove
			Change
			□ Add
			□ Remove
			🗆 Change
			🗆 Remove
			_□ Change
			_□ Add
			_□ Remove
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			_D Change
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			_□ Change

- <u>Note:</u> If th	e date, if other than the date of filing:	'ursuant to 605.0207 ill not be listed as
he record	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 0th day after the record is filed. $\frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} \right)$	n the earlier of
Dated	7/10/19 7/10/14	
	Eignorure of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00