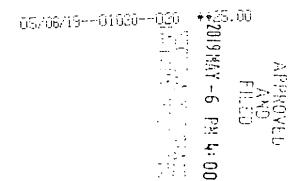
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

SUBJECT:	eranity &	ited Liability Company			
		, , ,			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Debor	Ah Casalier- Name of Person	<u>-1.C</u>		
		Virm/Company			
	4519 A	naconda Drive	2		
	New Por	City/State and Zip Code / FL	34655	2019 HAY	3.
	E-mail address: (to be used for future annual report notif	ication)	9 - 3	
For further information co.	ncerning this matter, please ca	all:		. : P	유(C) 및 14 (C) 및
Deborat Ca	valiere.	at 727 359	- 3654	P# 4: 00	<u>_</u>
Name of	CISCH	Area code Dayume	Telephone rumoer		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Ses en (Name of the Limi	ted Lability Compa	iny as it now appears (Liability Company)	on our records.)		
The Articles of Organization for this Limited 1 Florida document number	Liability Company	were filed on	11/2019	and assig	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the <u>limited</u> liab	ility company hero	ē:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the	abbreviation "L.L.	.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable:	roy)			2019 HAY - 6	APPR
(Mailing address MAY BE A POST OFFICE BOX	BUXI			- -	- TO
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on o <u>e</u> :	our records, <u>ente</u>	r the name o	f the new
Name of New Registered Agent:	-		. - -	. — —	
New Registered Office Address:		Enter Florid	la street address	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
			, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NER	Shyra L. Fernandez	1935 GRASMERE DRIV Land O Lakes, Florida, 34637	e tradd
		FLORIDA, 34637	□ Remove
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			Add
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E. Effective date, if other than the date of filing: 4309 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	suant to 605 not be list	5.0207 (3)(b) ed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the earli	er of:
Dated April 36. 2019. William A Cavalier Signature of a member or authorized representative of a member		
Debotable Cavaliere Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00