11900093590

(Req	uestor's Name)	
(Addı	ress)	
lbbA)	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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2019 KAY -3 AM 9: 27

APPROVED AND FILED

19 MAY -3 PM 1: LPARIMENT OF ST VISION OF CORPORA

T GLASS MAY 0 6 2019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000	0195		
	REFERENCE	1077	4305390		
	AUTHORIZATION	Spull de	Man		
	COST LIMIT	: \$ 25.00			
ORDER DATE :	May 2, 2019				
ORDER TIME :	12:37 PM			: E	ာ
ORDER NO. :	749509-005			ECCET ECCET EACH] 5 E
CUSTOMER NO:	4305390				
	CHANGE OF A	AGENT			(
NAME:	510 MEADOW, I	LLC			
CERTI	THE FOLLOWING AS FIED COPY STAMPED COPY	S PROOF OF FII	LING:		

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

Name of the Parties		0 MEADOW, I				
(vame of the Climate	A Florida	Limited Liability	now appears on our records,) Company)			
The Articles of Organization for this Limited Lia Florida document number <u>L19000093590</u>	bility Co	ompany were f 	iled on April 4, 2019	and ass	signed	
This amendment is submitted to amend the follow	wiog:					
A. If amending name, enter the new name of	the limit	ed liability co	unpany here;			
The new name must be distinguishable and contain the wo	rds "Limit	ed Liability Con	pany," the designation "LLC" o	or the abbreviation "L.	L C."	***
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	ADDRI	<u> </u>				
					···· -	-
Enter new mailing address, if applicable:						
[Mailing address MAY BE A POST OFFICE B	<u>ox</u> j					
						_
B. If amending the registered agent and/o registered agent and/or the new registered offi			idress on our records,	enter the name	of the	new
Name of New Registered Agent:	J	ennifer	Montemarano		2019 H	-
New Registered Office Address:	509	Meadow	Lane		Α̈́Υ	<u>2</u> د_رات.
	01.1		Enter l·lorida street address	20.70	ယ်	
	010	smar Ch		da 346 <u>/ /</u>	<u> </u>	⊡⊃,≾
New Registered Agent's Signature, if changing Re	gistered		y	7.40 C 604	ب	Ċ
I hereby accept the appointment as registered provisions of all statutes relative to the proper	agent a and co	nd agree to a implete perfor	ct in this capacity. I furth mance of my duties, and	ier agree to comp Lam familiar wit	oly M ch h and	the

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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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Mary Ramsden	510 Meadow Lane	□ Add		
		Ołdsmar, FL 34677	■ Remove		
			Change		
AMBR	Nicola Carone	6 Pertie Lane	Add		
		Wayne, NJ 07470	□ Remove		
			Change		
Managing Jennifer Carone Montemarano Member	Jennifer Carone Montemarano	4 Hemlock Lane			
		Kinnelon, NJ 07405	Remove		
			Change		
			A PROVED FILED FILED Grand 9: 27 Remove		
			☐ Change		
			Add		
			□ Remove		
			☐ Change		

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Note: If the di	e, if other than the date of filing: re is listed, the date must be specific and cannot be prior to date of filing or mate inserted in this block does not meet the applicable statutory filing fective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuancto 605.026 g requirements, this date will not be listed a	97 (3 <u>%b)</u> as the
(b) The 90th o	pecifies a delayed effective date, but not an effective to day after the record is filed.	lme, at 12:01 a.m. on the earlier o	of:
Dated April 3	2019		
	Helin Mittain Signature of a member or authorized representative	of a member	
Jen	nifer Carone Montemarano, Munaging Member		
	Typed or printed name of signee		

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Filing Fee: \$25.00