Division of Corporations Electronic Filing Cover Sheet

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	Division of Co		. ,
	Fax Number	: (850)617-6383	· ·
From:			
. ,	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	1
		: I2000 00000 19	7-
	Phone	: (305)552-5973	
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an	nual report maili	s for this business entity to be used for ings. Enter only one email address please.	

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Electronic Filing Menu

Corporate Filing Menu

Help

D SCOTT MAY 21 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link (A Plot	HITY Company as it now appears on our	records.)
The Articles of Organization for this Limited Liability Florida document number <u>190009</u>		9-20(9) and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here;	
Tise new name must be distinguishable and contain the words "L	inited Fishility Company "the decomplin	n "IIC" or the chhemisting "IIC"
_	and a man by the state of the s	a zase or do nooroviation zijase.
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET AD)	DRESS)	
		•
Enter new mailing address, if applicable:		· -
(Malling address MAY BR A POST OFFICE BOX)		:2
B. If amending the registered agent and/or repetitered agent and/or the new registered office a	•	ecords, enter the pame of the new
Name of New Registered Agent:		
New Registered Office Address:	<u>.</u>	
	Enter Florida sirse	ti address
		, Florida
	Clay	Zip Code

New Registered Avent'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 60S, 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 Now Registered Agent

MGR = Manager

05/20/2019 14:03 3052201440

AMBR - Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

Title <u>Address</u> Name Type of Action Dosa Marrero 3850 Bird Road #1001 0 Add _ Change □ Add C) Remove ~.) _ Chinge _D Add___ □ Remove _🖾 Change D Add _□ Remove _□ Change _🗀 Add ☐ Remoye _□ Change _D Add D Remove _D Change

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fective date, if other than the date of filing: ———————————————————————————————————	rior to date of filing or m Neable statutory filin	option ore than 90 days after fi g requirements, this c	line) Pursuant to 601 02
record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective t	ime, at 12:01 a.	m. on the earlier
100 100	9		

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Flung Fee: \$25.00