# L19000 119702

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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status  Special Instructions to Filing Officer:
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status
(Address)
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Certificates of Status
Special Instructions to Filing Officer:

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SECKLIARY OF STATE

FILED



## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	PIERRE A Saliba	
	Finance & HAR KE ting Solutions +ma	<b>C</b>
	1031 BEL ATRE DAW	
	Pembro Ke Pines FC 3302) City/State and Zip Code	
	City State and Zip Code  PIERRE W YOURGO. Not  Formal address: (to be used by future annual report notification)	
For fu	erther information concerning this matter, please call:	
	PIERRE Saliba at (305) 613-3067  Name of Person Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
; <del>}</del> /s:	25.00 Filing Fee	

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

Street Address: 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

Duct Lla		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company version of Company versio	were filed on <u>\[ \sqrt{2/19} \]</u>	and assigne.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company." the designation "LI C" or the a	hhieseram if
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
	7.6	SECOND TO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	TO A TO
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the nat	ne filew regi-
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florada street address	
	Florida	
	Cuv	Zotal.
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familier with the grif this docume.

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

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Acti
11 En	ALEXANDRA CLE	FRIE 121NE 34th P#17 MIam FC 33137	<b>X</b> i
HAR	Alexandra Heave-Pier	MIOMI FE 344 St. PHI.	7 — T.Ade
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an effectiv Sote: If th	date, if other than the date of filing:	. ta f de f
l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th or	ıy a
ated	July 31 2023.	
	Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00