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COVER LETTER

Divis	sion of Corpor	rations				\sim		
SUBJECT: _	TA	- HUAC	AND AND	+)PPLIF) \/(E	S8 8	uices, C	LC
-		Nam	e of Limited I.	iability Company			<u></u> _	
The enclosed.	Articles of Am	endment and fee(s)	are submitte	d for filing.				
Please return a	all corresponde	ence concerning this	matter to the	e following:				
	·	~		Indie	cc A~Y			
				Name of Person				
		DAT H	L _{AAC}	G anh	DPCIA	468) FRYICES,	(((
				Firm/Company				
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\mathcal{N}	WHON Y	rson Mccer	104	at (954)	935	- 98	549	
	Name of Pe	rson		Area Code	Dayti	ime Telepho	ne Number	
Enclosed is a c	check for the fe	ollowing amount:						
□ \$25.00 Fil	ing Fee 1	2 \$30.00 Filing Fee Certificate of St		\$55.00 Filing Fe Certified Copy (additional copy is			\$60.00 Filing Certificate o Certified Cop (additional copy	f Status & py

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION

DAT HUAC A.	ND	7	PPLI	こくは	'S .	Se,	२ पाटड	s (1	
(Name of the Limited I									
The Articles of Organization for this Limited Liabi Florida document number	ility Co	mpan				i	;	a:a	nd assigni
This amendment is submitted to amend the following	ing:								19 JUN 20 MH 8 23
A. If amending name, enter the new name of the	<u>e limit</u>	ed lia	bility o	ompar	ıy here	; :			
The new name must be distinguishable and contain the words	s "Limit	ted Liab	ility Co	mpany,"	the desi	gnation '	'LLC" or t	he abbreviat	ion "L.L.C.
Enter new principal offices address, if applicable	le:							至的	19
(Principal office address MUST BE A STREET A	1DDR	ESS)							JUK
					_				20
Enter new mailing address, if applicable:						· <u>-</u> .			<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u>(X)</u>							<u></u>	23
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registe addre	ered o	office a	address	s on o	ur rec	ords, <u>en</u>	ter the n	ame of t
New Registered Office Address: Enter Florida stree				street ac	ldress				
							, Florida	l	
New Registered Agent's Signature, if changing Regis	stered	Agent:		ity			,	Zip	Code
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chai	ind coi red age istered	mplete ent as j	e perfo provia	rmance led for	e of my in Cha	, duties ipter 60	, and I a 05, F.S. (ım familia Or, if this	ir with an documen
		If ('ba	nging D	egistera	d Agent	Signati	ore of New	V Pedistered	Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
2/16R	THERESA MICCIAMS	7006 HW 38th MANOR CORAL SPAINGS FL - 33065	[] Add
		CORAC SPAINCES	Remove
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ree .	tive date, if other than the date of filing: $06(14/304)$ (optional)
(If an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next seffective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
** 1	14" Tone, 2019
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17aWi	Signature of a member or authorized representative of a member ACTHORS MICE ACH.

Page 3 of 3

Filing Fee: \$25.00