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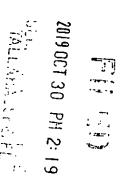
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of C	orporations		
SUBJECT:	1014 SOUTH M STREET	LLC	
3000CT	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ни	BERT CLAIRVOYANT	
		Name of Person	
	1014	SOUTH M STREET, LLC	
		Firm/Company	
	13597 BARBERRY DR.		
		Address	
	WELLINGTON, FLORID	DA 33414	
	PSJ2050@MSN.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
HUBERT C	LAIRVOYANT	561 234-8298	
Name	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

1014 SOUTH M 5	STREET, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears o Liability Company)	on our records.)			
The Articles of Organization for this Limited I Florida document number L19000126248	.iability Company	were filed on 5/09/	2019	;	and assig	gned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liah	oility company here	<u>:</u> :			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	ignation "LLC" or I	the abbrevia	ation "L.L.	
Enter new principal offices address, if appli		13597 BARBERR	_			
(Principal office address MUST BE A STRE		WELLINGTON.	FL 33414			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>			781	2019 007 30	- 9
B. If amending the registered agent and registered agent and/or the new registered of	17		our records, <u>er</u>		PHe o	f. the nev
Name of New Registered Agent:	HUBERT CLA	MRVOANT			<u> </u>	
New Registered Office Address:	13597 BARBE	ERRY DR.				
		Enter Florida	a street address			
	WELLINGTO	N	, Florid	a 33414		
		City		Z	p 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 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	HUBERT CLAIRVOYANT	13597 BARBERR DR. WELLINGTON, FL 33414	
			☐ Remove
			Change
MGR	ROSE MARIE S. CLAIRVOYANT	13597 BARBERR DR. WELLINGTON, FL 33414	Add
			Remove
			□ Change
MGR	ABEL CLAIRVOYANT	F162 LAKE TERRY DR. WEST PALM BEACH, FL 33411	
			≅ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
-	
Note: If th	late, if other than the date of filing:
the record) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	8/23/ 2019
7	Hubert Carryoya L Typed or printed name of signee
/	Hubert Convunyon

Page 3 of 3

Filing Fee: \$25.00