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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-810

Phone : (561)694-8107 Fax Number : (561)694-1639

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Help

O SIMMONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

), LLC	
(Name of the Limited Lability Control (A Florido Limited)	ny sa it new appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on May 17, 2019	and assigned
Florida document number L19000128141		
This amendment is submitted to amend the following:		
A. If emending name, enter the new name of the limited lish	ility company here:	
The second by distinct the little second by the second by		
The new name must be distinguishable and contain the words "Limited Linbi	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		0
(Principal office with ress MUST BE A STREET ADDRESS)		
		,
Enter new mailing address, if applicable:	1035 SW 17th St.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33315	<u> </u>
	<u> </u>	137 55
		$\overline{\mathbb{C}}$ σ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records,	enter the name of the new
The state of the s	F	
Name of New Registered Agent:		
New Resistered Office Address:		
	Enter Florida street address	<u> </u>
	, Flor	ida
	Cuy	Ztp Code
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 accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duttes, and voylded for in Chapter 605. F.	I am familiar with and S. Or. if this document to

If Changing Registered Agent, Structure of New Registered Agent

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 Menaber

Title	Name	<u>Address</u>	Type of Action
MOR	John: Chegory	3300 South Dixie Hwy, Ste 1390	
			D Add
		West Palm Beach, FL 33405	
			Remove
			Change
MOR	Shayde Stover	1035 SW 17th St.	
			■ Add
		Fort Lauderdale, FL 33315	
			Ramove
			Change
			D Add
			□ Remove
			Change
			
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			D Remove
			Change
			CI Cosnigo
			C) AAd
			Remove
			Change

If amending any other information, enter change(s) here: (Anach o	

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	## 12
Effective date, if other than the date of filing: for affective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days efter filing.) Punsuant so 605. y filing requirements, this date will not be liste
locument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlie
The 90th day after the record is filed.	
Assert 12 2019	
- W. W	
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