L19 CCO 136097

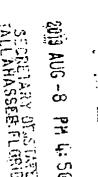
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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT:		Boo il	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- ndence concerning this matter		THE AUG-8 THE
	Province	P. Zamek Name of Person	200
	Meredith	4- Bo LLC Firm/Company	
	16121	Su 33 kw.	
	<u>Calnu</u>	City/State and Xip/Code	33157
	E-mail address: (8 JUSTUSK 200. Com	ation)
For further information c	oncerning this matter, please ca		
	- Zamerk	ai : 305 . 98 4 Area Code Daytime T	-(143
Name o	f Person	Area Code Daytime	Felephone Numb er
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional conv is enclosed)	□ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Company ; (A Florida Limited Liab	as it now appear; olity Company)	s on our records.	TC3 E
The Articles of Organization for this Limited Li Florida document number _ L 19 000 (36		ere filed on	5/20/19	and assigned
				50
This amendment is submitted to amend the follo				E. C.
A. If amending name, enter the new name of	the limited liabilit	y company he	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the de	esignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	-		
	_			
Pater and william address if applicable.				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- ROX)			
imaging address may be a root of ree	_			
	_		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or the new registered of	**	e address on	our records, ent	er the name of the n
		1	. 1	
Name of New Registered Agent:	Mered	th Ka	Haber	
New Registered Office Address	139515	5VV (1/b Cart	
	Plan At			3211X
	ALIMIA	City	, Florida	Zip Code
New Registered Agent's Signature, if changing R	Registered Agent:	1		
I nereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this	er and complete pe stered agent as pro registered office ad	rformance of e wided for in C	my duties, and Lai Chapter 605, F.S. C	m familiar with and Or, if this document is

Page 1 of 3

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mesedith Vallaher	13851 Sw 67th Co	Nrt Wada
		13851 Su 67th Co. Palmetto Bay & 33158	□ Remove
			Change
			D Add
			Remove
			Change
			
			□ Remove
			Change
			Remove
			Change
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L'Front	tive date if other than the date of filing: (antiqual)
Effect	tive date, if other than the date of filing: (optional) The tive 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 605.0
Effect	tive date, if other than the date of filing: Getive 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Note:	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Note: docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective 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
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Note: docum ne re The	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective 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 a 90th day after the record is filed. $\frac{2019}{319}$

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Filing Fee: \$25.00