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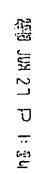
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

Division of Corp			
SUBJECT: 5.Pe	Name of Lim	XEN HANDLER, ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Julie	Speculer Name of Person	
	Spechler	+ Oxenhand Firm/Company	DIER LIC
	302 NE	77 AVC Address	
	Fort L	City/State and Zip Code City/State and Zip Code Code	_3301
	Tuli e So E-mail address: (1	echler & GMN in the be used for future annual report note	1. Com_
For further information co	ncerning this matter, please ca		
Julie S.	rechler_ Person	at (954) 40) Area Code Daytim	1425 ne Telephone Number
		•	•
Enclosed is a check for the			
\$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 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 OF

Name of the Limited Lin	t Oxen	MANdler	raquede \
(A Fig	orida Limited Liabil	ity Company)	records. 20 JUN 27 P 1: 88
The Articles of Organization for this Limited Liabilit	y Company wer	e filed on <u>M</u>	2019 and assigned
Florida document number <u>L19000138</u>	<u> 39</u> 83	/	Are a soft of the first of the
This amendment is submitted to amend the following	<u>;</u> ;		
A. If amending name, enter the new name of the l	limited liability	company here:	
The new name must be distinguishable and contain the words "	Limited Liability C	ompany," the designatio	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_		
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or re	gistered office	address on our re	cords, enter the name of the new
registered agent and/or the new registered office a	ddress here:		·
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street	address
			, Florida
	•	City	Zip 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 Changing Registered Agent, Signature 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 = M $AMBR = A$	danager Authorized Member			
<u>Title</u>	Name		iress	Type of Action
MGR	MARIAC	exembandler	302 NE 7 AVE	Add
			302 NE 7 AVE Featlanderdale Fe 3	Remove
				Change
M <u>6-R</u>	MARIA OXE	enhandler_	302 NE 7 AVE Fort LAU derdale	Add
		_	Fort LAUderdale	7302/ Remove
				Change
			<u> </u>	□ Remove
				Change
			· · · · · · · · · · · · · · · · · · ·	Add
				Remove
				Change
				Add
				Remove
				Change
				D Add
				C Remove
				Change

If an ci Note:	tive date, if other than the date of filing: [Tective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment'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 of 90th day after the record is filed.
Dated	JUNE 13 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00