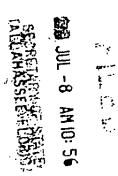
L19000139154

Office Use Only



700331626227

07/08/19--01015--004 **30.00





COVER LETTER

TO:	Registration Sec Division of Corp			· •	
SUBJE	CCT:	Einyeh Name of Lim	ited Liability Company		
		mendment and fee(s) are sub	-		星6.0
Please	return all correspon	dence concerning this matter	to the following:		
		<u>Laurie</u> M	Name of Person		
		Einyeh	Firm/Company		
		<u>3089 los</u>	Gatos Drive		
		Belleair T	Sluffs FL 337* City/State and Zip Code	10	
		richein E-mail address: (th Qilloud - COM	fication)	
For furt	her information co	ncerning this matter, please co	all:		
	Todd R. Name of	Eitnier Person	at (<u>608</u>) <u>720</u> Area Code Daytim	- 000d e Telephone Number	
Enclose	d is a check for the	following amount:			
□ \$ 25	.00 Filing Fee	S30.00 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

EINYEH, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5/23/2019}{\text{and assigned}}$
Florida document number L 19 000 139 154	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3089 Los Gatas Drive
Principal office address MUST BE A STREET ADDRESS)	Belleair Bluffs, FL
	33770
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
Nama of Niver Davisor 1.4	
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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR A BA	Laurie M. Eitnier	3089 Los Gatos Drive	b√dd
		Belleair Bluffs FL 337	70 🗆 Remove
		<u> </u>	Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			
		7	□ Remove
			Change
			🗆 Remove
			Change
			D Add
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
7	
-	
_	
_	
_	
_	
_	
_	
_	
_	4.1
-	
-	
_	
	" end
Note:	ve date, if other than the date of filing: 05/22/2019 (optional) ective 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 (2 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord 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	05/22/ 2019 Laure M. Eitnier
	J 61/1.
	- Maure 111. Cethier
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00