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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
die .	SWK	116	
SUBJECT:			
	Name of Lim	ited Liability Company	
		'm 16 - 611	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shau	Name of Person	
	SW	Firm/Company	
		Firm/Company	
	140	VIRING Way Address ES Florida 391 City/State and Zip Code TW K4SS Q Mail. (OA) To be used for future annual report not	
	,	Address	
	ΛαρΙ	es Florida 391	10
	[City/State and Zip Code	
	Shay	w Kass Q g Mail, com	<u></u>
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please co	all:	
		at (
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	Z\$\$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 Liability Company as i	t now appears on our records.)
(Name of the Limited Liability Company as i (A Florida Limited Liability	
The Articles of Organization for this Limited Liability Company were	5/29/19 and assistance
the Articles of Organization for this Limited Liability Company were	filed on and assigned
Torida document number <u>L 19000142663</u>	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
Shaun William Kass L	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	3-0
The part of the control of the contr	
Enter new mailing address, if applicable:	: 111
Mailing address MAY BE A POST OFFICE BOX)	
	5 5
	, <u> </u>
B. If amending the registered agent and/or registered office	address on our records enter the name of the
egistered agent and/or the new registered office address here:	address on our records, enter the name of the
egimered agent units of the new rogards of the death of the	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	, Florida

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			
.			D Add
			Remove
			☐ Change
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effective date	is listed, the	date must be spo n this block do	xific and c	annot be pr	orto date of	filing or monutory filing i	e than 90 d	ays after fili	ng.) Pursuant	to 605.020 be listed a
ument's effe	ctive date o	on the Departm	ent of Sta	te's recor	is.		•			
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he 90th da	ay after t	he record is	filed.	,	3 · · ·		,			
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Filing Fee: \$25.00