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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Supplied Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jaman Mang of Person
Supabod Chic Uthing
6703 Saint Augustine Rol #218
Jack Son IIIC F 32217 City/State and Zip Code
E-mail address: To be used for future annual report notification (), COM
For further information concerning this matter, please call:
Name of Person at GOL Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Scrifficate of Status Scriffic

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

ed Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number \(\xi This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name and registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 **Title** Name Address inava Martin 1703 Saint Augustine Rd 218 Treksonine Fl 32217 ☐ Remove ☐ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

		
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ffective d	ate, if other than the date of filing: (optional) 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	. 0.30.7
ote: If th	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.	ed as
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies have after the record is filed.	er of
ated <u> </u>	July 12, 2019	
	Signature of a member or authorized representative of a member	
	Tamara Martin	

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Filing Fee: \$25.00