Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000289635 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Fmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL FUNCTIONAL LLC

The state of the s

Certificate of Status	U
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

SEP 3 0 2019

Registration Section

TO:

COVER LETTER

Div	ision of Corp	porations				
CUBILCY.		TIONAL LLC				
SUBJECT:		Name of Limit	ed Liability Company			
The enclosed	d Articles of /	Amendment and fee(s) are subm	sitted for filing.			
Please retun	i all correspo	ndence concerning this matter to	the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com. Inc.				
		· · · · · · · · · · · · · · · · · · ·	Firm Company			
		101 N Brand Blvd 11th Fl				
			Address		2019	
		Glendale, CA 91203			2019 SEF 27	
			City/State and Zip Code		27	77.
		allfunctionalcontact@gmail.c	com he used for future annual rep		. 	
				ия (поцисацоп)	= =	•
For further i	ntormation c	oncerning this matter, please cal	1:		. :. 	
Cheyenne N	doseley		800 773-0	1888	2	
	Name o	l'Person	at () Area Code	Daytime Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	radditional copy is enclosed: Certified		of Status &	
	MAIL	ING ADDRESS:		COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL FUNCTIONAL LLC					
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000150518</u>	were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	my Company," the designation "LLC" or the	abbreviation "L.L.C"			
Enter new principal offices address, if applicable:	780 NE 69th Street Unit 710				
(Principal office address MUST BE A STREET ADDRESS)	Minmi, Florida 33138				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	780 NE 69th Street Unit 710 Minmi, Florida 33138	C:			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here	ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the new			
Name of New Registered Agent:	4-2				
New Registered Office Address:	EmerFloridastreeraddress	ယ္			
	, Florida .				
	Ciŋ·	ZipCode			

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 hability 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>	Name .	Address	Type of Action
AMBR	Alfredo Remolina Rico	780 NE 69th Street Unit 710	
		Miami, FL 33138	☐ Remove
			■ Change
			Add
			☐ Remove
			☐ Change
			Add 20
			Rentove
			Add
			C⊃ □ Remove
			□ Change
			□ Add
			Remove
			Change
			O Add
			□ Remove
			Change

						-	
							
							
···						.	
							
					······		
		<u> </u>					<u> </u>
		,				<u></u>	· •
							27
				-			
							
		<u> </u>	············				<u></u>
ote: If th	tate, if other than the da e date is listed, the date must b the date inserted in this block is effective date on the Depar	k does not m	icel the applic	able statutory	or more than 90 d filling requireme	_ (optional) ays after filing.) ents, this date v	Pursuant to 605. will not be liste
record The 90	specifies a delayed on the specifies and delayed on the specifies and specifies are specifies.	effective d d is filed.	ate, but no	ot an effecti	ve time, at 1	2:01 a.m. c	on the earlie
ited	SEPTEMBERZ.	73 nd	2019				
		- 41a	- 1/2H	(

Page 3 of 3

Filing Fce: \$25.00