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## **COVER LETTER**

TO: Registration Section Division of Corporati	ons			
SUBJECT: Ceilin	a Completa	e LLC		
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of Amend	dment and fee(s) are subm	nitted for filing.		
Please return all correspondence	e concerning this matter to	o the following:		
	Eugen	Name of Person		
dar-sa-		Firm/Company		
	301 Heigh	ts LN Apt	110	
<del></del>	<del></del> 0	Address		
	Feaster	Ville PA 19 City/State and Zip Code	053	
_		City/State and Zip Code	1 000	
	E-mail address: (W	cloga OOZ @ gmo	ort notification)	
For further information concern	ning this matter, please ca	II:		
Fuged De	) ( <b>D</b>	267 ) 9c	15+3542	
Eugen De Name of Person	<u>,                                    </u>	at ( <u>267</u> ) <u>Qt</u> Area Code	Daytime Telephone N	lumber
Enclosed is a check for the foll	owing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ce sed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
MAILING A Registration Division of C P.O. Box 633 Tallahassee.	Section Torporations 27	Registration Division of Clifton Bui	Corporations	ISS:

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 1

- (1	omplete LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our r a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 1900 153504</u> This amendment is submitted to amend the following:	Company were filed on 06/1	0/2019 and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		cords, enter the name of the no
		m = tr
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddrass ETD 9
	Laur i waka Metti d	<b>*</b>
	City	, Florida 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 ac or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dogn Eugen	301 Heights LW Apt 11D Feasterville PA 19053	🗖 Add
		Feasterville PA 19053	Remove
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(If an effective Note: If the	ate, if other than the date of filing:	.020. ed a
the record The 90t	specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlied h day after the record is filed.	er (
Dated	\$ September 3. 2019	
	Jan Marie Control of the Control of	
-	Signature of a member or authorized representative of a member	
	Eugen Dega Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00