# L19000161699

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COVER LETTER				
TO: Registration Section Division of Corporations	, L.C.			
SUBJECT: Mary Flub Name of Limited	1 Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to t	he following:			
PlMby K. Salz and Many N Name of Person	1. Klevan			
Mary & Pembry Firm/Company				
745/SW 132 hd Stra Address	2e+			
PINICIEST, FLOVIDA, 331 City/State and Zip Code	156			
E-mail address: (to be used for future annual report no	Maymklevan ogmail. Com otification			
For further information concerning this matter, please call:  Pembry k Salz Many M, ktevara (3)  Name of Person	46.522.9948 205,915,2793 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
₩ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)  Free dinent				

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000 (b199</u>	were filed on $06/01/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	- L.L.C.
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	7451 SW 132nd Street  MURECEST, FLOKUDA
3. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:	ce address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida City Zip Code
	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

### or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
			Change
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<b></b>	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
	Notale a sola
Dated _	UCAVIAN, DOLL.
	1/M
	Signature of a member or authorized representative of a member
	Plening & Saez May M. Klevan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00