L19000170795

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		
Special Instructions to	Filing Officer:	

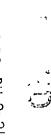




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COVER LETTER

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TO: Registration Section Division of Corpora			at .
SUBJECT:	ugging Flu	Effold Company	
	10 3	ed Elability Company	Complete
The enclosed Articles of Ame	undmant and fua(e) are cubin	sitted for filling	Complete page
		-	
Please return all corresponder	the concerning this matter t	o the following:	
-	And	rea balinas	<u> </u>
-	Wap	AMPERTY/Company	C
-	3050	D Hountel Av.	L
-	Delt	DNA FL 3272 City/State and Zip Code	S (wagging fluffs)
_	E-mail address; (to	inas, pahetya be used for future annual report notifi	11. com/wagingtions
For further information conce	rning this matter, please cal	ıl:	0,100
Name of Per-	balinas	at (407) 800-	Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee	S30.00 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 Com		23 FI! 2: 24
(A Florida Limite	pany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compare Florida document number 1900170795.	ny were filed on	4 13t 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	ation "LLC" or the abbreviation "L.L.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		r records, enter the name of the new
registered agent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		Florida
	City	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mar	Andrea balinas	3050 Hountel Ave DeltonA,FL 32725	tb Add
			Remove
			Change
			
			□ Remove
			Change
	·		Add
			Remove
			Change
			🗆 Remove
			D Change
			O Add
			Remove
			Change
			
			Remove
			Change

_	Please add EIN #: 84-2400102
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If an eff Note:	ve date, if other than the date of filing:
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _.	Deptember 19th 2019.
	Signature of a member of authorized representative of a member
	1058 Dalmae

Page 3 of 3

Filing Fee: \$25.00