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O SIMMONS JAN 29 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: On 7	Demand Dele	ited Liability Company	
	Name of Limi	ited Mability Company	
The enclosed Amieles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Vielcla	Co FO7 H Name of Person	
	_ON Delak	and the livery Se	rvice(
	128. SE G	5th Ave 0	
	Berntin	Brach FC	33435
	Nick Cot	City/State and Zip Code City/State and Zip Code	Low ication)
For further information co	ncerning this matter, please ca	all:	
Nichola.	S Coto in	at (954) 461-4 Area Code Daytime	Telephone Number
7.02.00		,	
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 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		Street Address	
Registration Se		Registration Sec	
Division of Co	='	Division of Corp	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On demand	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(ivame of the Limi	(A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number $L/90001724$	Liability Company were filed on 12-10-1019 and assigned
Florida document number <u>1/90 W1/2/</u>	<u>///</u> .
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	[BOX]
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, enter the name of the new registereess here:
	Michelas Cotain
Name of New Registered Agent:	20(1-01)
Name of New Registered Agent: New Registered Office Address:	Nocholas Cotoia 128 SE 6+4 Ave Beesto Enter Florida street address Bogaton 138864 Florida 33435 City Zip Code

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

Thereby 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>	<u>Name</u>	Address	Type of Action
<u>owner</u>	Nicholas Cotoin	128 SE 6th Ave	EAdd
		128 SE 6+6 Ave Bygnton Brull FL 33431	Петоче
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			Change
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			□Change

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(If an eff Note:	ive date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	12-26-2019
	Signature of a member or authorized representative of a member
	Nicholas Cotolat Typed or printed name of signee