L1900 182 250

(Requ	uestor's Name)	
(Addı	ess)	
(Addı	ress)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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11/16/19--01015--008 **25.00

SECREMENT OF STATE TALLARIASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Firm/Company
2900 Style Road A.A Apt 407
Jacksonville FL 32233 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 380 1220 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the	W. Kayal Touce	MOLS Liability Cor Florida Limit	mpany as it now appears of ted Liability Company)	n our records.)		
A. If amending name, enter the new name of the limited liability company here: N/A	The Articles of Organization for this Limited Lia Florida document number <u>L1900182</u>	bility Compa	any were filed on	119/19	and assigned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 office address on our records, enter the name of the registered agent and/or the new registered office address here:	This amendment is submitted to amend the follow	ving:				
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 office address on our records, entert the name of the registered agent and/or the new registered office address here:						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	The new name must be distinguishable and contain the wor	rds "Limited Li	iability Company," the desig	mation "LLC" or the abl	breviation "L.L.C."	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:			,			-
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	•	ov.	A)/A	. 5	700 0	_ ,•
	B. If amending the registered agent and/or	r registered	office address on or	ir records, enter	the name of the	new
				F1.0R/02/	3.5 D D	# .
New Registered Office Address: Enter Florida street address	New Registered Office Address:	Enter Florida street address				-
, Florida			Cin [,]	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action Prentice A Williams 2900 State Road A. A Add NGR Apr 407 ___ Remove □ Add _____ □ Change ☐ Add ____ Change ☐ Add

☐ Remove

). II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the red) 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	11/15 2019
	MMMUSSE.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00