## L1900 197 382

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## **COVER LETTER**

TO: Registrati Division o	on Section f Corporations		,
SUBJECT:	Freish won	11 LCC	
	Name of Lim	nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	emitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
		Name of Person	
	<u>+ ((())</u> r	Firm/Company	
	1605 NW C	Address Address	
	mangaic, TI	City/State and Zip Code	<del> </del>
	15 TAUNAUTO) 2		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	ion concerning this matter, please c	all:	
5 (017	STAVNING	at ( 754) 305-89 Area Code Daytim	705
N	aine of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ee \$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: 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 A

ARTICLES OF	FORGANIZATION OF		
Peraha mand	11.	2019 SET 20	AM 4:3

Fleight	nould (		o AM 4:36
( <u>Name of the Limited L</u> (A F	iability Comp lorida Limited	any as it now appears on our records.) Liability Company)	1
The Articles of Organization for this Limited Liabil Florida document number L190019382	ity Company	y were filed on 8/3/2019	and assigned
This amendment is submitted to amend the followir	ıg:		
A. If amending name, enter the new name of the	limited lial	pility company here:	
he new name must be distinguishable and contain the words	"Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b> :	Ain	
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:		Νiβ	
Mailing address MAY BE A POST OFFICE BOX	<u>K)</u>		
3. If amending the registered agent and/or in registered agent and/or the new registered office	address her		r the name of the
Name of New Registered Agent:	NIA		
New Registered Office Address:	<u>n</u> ia	Enter Florida street address	
_	MIP	, Florida _	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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.

> NID 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VICE PROJEM	JAINO NARVAEZ	JO CP UN PEPE	<b>√</b> Add
417611		CORAL Springs, Ft, 17065	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
		□ Add	
		<del></del>	Remove
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		4***	Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

	I WAM to Add JAINO NARVARY as a Authorite from to Mange and
<u>†</u>	Atte him Vice president of the company Fritish world LLC
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Note: 1	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ont's effective date on the Department of State's records.
	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.
	September 16 3019
ated _	2
ated _	La Charles
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00