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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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R. WHITE

COVER LETTER

TO: Registration Section Division of Corpora		• .		
SUBJECT:	Name of Limite	ed Liability Company	. -	
The enclosed Articles of Ame	indment and fee(s) are subm	itted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
	n	Name of Person	<u>aL</u>	
-		Name of Person		
	(ZKA Billia Firm/Company		
-		Firm/Company	3	
-	3775 N	.w. 106+x)rive	
		Mudress		
	Coral:	Springs, Flor City/State and Zip Code	ide 33	065
_		be used for future annual		
		•	port notification)	
For further information conce	erning this matter, please cal	II:		
Ricky Name of Per	D cal	at (<u>56</u> \)	8 70 - 44 Daytime Telepho	608 one Number
ranc or per				
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

(; -, *j*)

	20191 W 27 PM 6:15
(Name of the Limited Liability Compan	iy and the new appears on our records.)
(A rionda Liniteo Li	
The Articles of Organization for this Limited Liability Company of Storida document number. 1.19.00019772	were filed onAugust 5** and assigned
Florida document number <u>L 19000197972</u>	0 2019
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Liabilit	ty Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	3775 N.W. 106th Drive Coral Springs, FL 33065
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FZ 53065
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered agent and/or the new registered office address hero	¥
Name of New Registered Agent:	
New Registered Office Address:	
·	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agree to comply with the

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			□ Remove
			☐ Change
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ffective date, if other an effective date is listed to the listed ocument's effective ocument's effective	rted in this block d	loes not meet the a	ipplicable statutor	ig or more than 90 d y filing requireme	_ (optional) ays after filing.) Pursu ents, this date will no	ant to 605.020 ot be listed a
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Filing Fee: \$25.00