L19000201153

(Re	questor's Name)	
(Ad	dress)	
— (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor	ection porations	es.	,
SUBJECT:	1962 OK CC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Henrik	Hansen Name of Person	
	19620	K LLC Firm/Company	
	AOS C)ixie Hwy Address	
	Boca Ra	ton, FC 3343 City/State and Zip Code	
	+yezoic E-mail address: (to be used (or future annual report notifi	icition)
For further information c	oncerning this matter, please c		ى دى د
Tara y	PSDICK of Person	at (<u>954) 540 - C</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
MAII	INC ADDRESS.	STREET/COURT	FR ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1962DK LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears (Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOOD201153</u> This amendment is submitted to amend the following:	were filed on	5 - 12 - 2019 and assigned
A. If amending name, enter the new name of the limited liab	vility company hore	,,
A. If amending name, enter the new name of the minted han	MANY COMPANY NELS	••
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		9 20
		り : 25g
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		2 3
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		our records, enter the name of the ne
New Registered Office Address:	Enter Florid	a street address
		, Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
If Chai	nging Registered Ager	it, <u>Signature of New Registered Agent</u>

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
Mgr	Tara Yesbick	AOS Dixie Hay Boca Raton 71 3343	X Add
		1300a Kajon H 3343	2 □ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an) <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d 8-23 2019.
	W-2H
	Signature of a member or authorized representative of a member
	Henrik Hansen Typed or printed name of signee

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Filing Fee: \$25.00