## 119000 207195

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section  Division of Corporations			
SUBJECT:	Rita Sells 1	Miami	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	205
Please return all correspo	ondence concerning this matter	to the following:	G is in
		Name of Person	50 EC B 3 OK 3: 14
		Firm/Company	
	600 Three	Islands Blvd, A	A unit 812
	Hallandale	Brach, Fronda City/State and Zip Code	<u> 33009</u>
	<u> </u>	1/1/esrea/4y, Net to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	ali:	
<del></del>	Produces of Person		3 -0882 e Telephone Number
Enclosed is a check for t	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)
Mailing Address Registration Division of C	Section	Street Address: Registration Se	ction
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rta Sella Miani.	44C	, <del>"</del> .
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)	4
The Articles of Organization for this Limited Liability Company Florida document number 419000207/95	were filed on <u>Nugust 14 /2019</u> and assigned	7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
Bifa Ferdman, 44C The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	600 Three horodoed Island B	LV0
(Principal office address MUST BE A STREET ADDRESS)	unit 812 Hallandale Beach Florido, 33009	_
Enter new mailing address, if applicable:	same 1	_
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe	- ered
Name of New Registered Agent:	<del></del>	_
New Registered Office Address:	Enter Florida street address	_
	Emer Fioriau street address	
	, Florida City Zip Code	_
	Σφ 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 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	Rita Ferdman	600 Three Island Blvd, unit 812 Hallandale Beach, 33009	
		3000s odendr, Mollywod, 33	019⊠Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Change

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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
If the record record is fil	I 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 .	1/28/2020
	Signature of a member or authorized representative of a member
	Bita Ferdings
	Typed or printed name of signee

Filing Fee: \$25.00