## L19000 214 565

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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C Kinsey

## **COVER LETTER**

TO:	Registration Se Division of Cor			
 SUBJE				
SUBJE	C1:	Name of Limi	ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		Bridgette Garwood-Dowe		
			Name of Person	<del></del>
		Name of Limited Liability Company  icicles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:  Bridgette Garwood-Dowe  Name of Person  Firm/Company  3417 NW 13th st  Address  Lauderhill, FL 33311  City/State and Zip Code bgarwood3@gmail.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  ood  Name of Person  at (1)  Area Code  Daytime Telephone Number  seek for the following amount:  g Fee  S 30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
		3417 NW 13th st	ning this matter to the following:  Garwood-Dowe  Name of Person  Firm/Company  13th st  Address  FL 33311  City/State and Zip Code  @gmail.com  E-mail address: (to be used for future annual report not matter, please call:  at (	
		<del></del>	Address	<del></del>
		Lauderhill, FL 33311		
		bgarwood3@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For furt	ther information c	oncerning this matter, please ca	all:	
Bridge	tte Garwood		at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>□ \$</b> 25	5.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Torida document number <u>L19000214565</u> .	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:	3417 NW 13th St	2019
Principal office address MUST BE A STREET ADDRESS)	Lauderhill, FL 33311	
		2
		; <u> </u>
Enter new mailing address, if applicable:	PO BOX 190372	. <u> </u>
Mailing address MAY BE A POST OFFICE BOX)	FT Lauderdale, FI 33313	, <u>v</u>
3. If amending the registered agent and/or registered of		s, enter the name of the
egistered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
Naw Povietared Office Address		<u> </u>
New Registered Office Address:	Enter Florida street addres	is .
	. Fl	orida
	City	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>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Bridgette Garwood-Dowe	3417 NW 13th ST	
		Lauderhill, FL 33313	■ Add
		Educetini, 115 33313	Remove
			Change
			Add
			Remove
	<del></del>		
			□ Remove
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			Remove
			Change
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			Change

If amending any other informat	ion, enter change(s) here	(Attach additional	sheets, if necessary.)	
<del></del>				
		_ <del></del>		
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	<u> </u>			
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applica	o date of filing or more the	(optional) nan 90 days after filing.) Pursuant to quirements, this date will not be	605.0207 listed as
he record specifies a delayed The 90th day after the reco		an effective time	e, at 12:01 a.m. on the ea	arlier of
October 14th	2019			
Dated October 14th R. Nawk	2			
	Signature of a member or autho	rized representative of a	member	_
Roan Dowe				
	Typed or printe	d name of signee		-

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Filing Fee: \$25.00