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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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STORT LAND STATE

OCT 1 8 2019

S. YOUNG

### **COVER LETTER**

SUBJECT: Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenna B. Juseph
Name of Person
Corr Empressed SA
Firm/Company
LLONW 40Th IT
Address
DUMPAND Beh Fl 33064
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenna B. Joseph at (561) 381-1170
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  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

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number \(\big  \big  190001250 \extstyle{\infty}.	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	the designation "LLC" or the abbreviation "L.L.C"
Trinesput Office dum con in OST DE TEST TO PRESENT	749 <b>19</b>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	OCT -
B. If amending the registered agent and/or registered office addres	
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address

### 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 will provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

City

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00