L19000230995

(Re	equestor's Name)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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(Bu	usiness Entity Name)
(Do	ocument Number)
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SUBJEC	Celymor, 1	.l.C		
SUBJEA	····	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Bart Chepenik		
		-	Name of Person	·
		Chepenik Trushin LLP		
			Firm/Company	
		12550 Biscayne Blvd., Sui	te 805	
			Address	
		North Miami, Florida 3318	81	
			City/State and Zip Code	
		bchepenik@ctllp.com		
			to be used for future annual rep	ort notification)
For furth	ier information c	concerning this matter, please ca	aH:	
Bart Ch	epenik		305 981-8 at ()	
-	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	l 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 tadditional copy is enclose	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Addres Registration		<u>Street Addr</u> Registratio	
	Division of C		-	of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability County	one os it now ownears on our records)				
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L19000230995	were filed on September 12, 2019	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	923 Flagship Drive				
(Principal office address MUST BE A STREET ADDRESS)	Summerland Key, FL 33042	Fo _			
Enter new mailing address, if applicable:	1025 N.E. 18th Avenue, Unit #306	FIL EC 23			
(Mailing address MAY BE A POST OFFICE BOX)	Ft. Landerdale, FL 33304	₹ 11			
<u>, , , , , , , , , , , , , , , , , , , </u>		R. G			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	hame of the new register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City	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	performance of my duties, and I	am familiar with and			

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
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			□Add
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	specifies a delayed d.	l effective date, b	out not ar	i effective ti	ime, at 12:01	l a.m. on the	earlier of:	(b) The 90	th day a	fter the
d is lifed	0 -	16	 ·	2019	_ .					
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d is filed Dated <u> </u>	<u>DECENBER</u>					•				

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