Indextor's Name) (Requestor's Name) (Address)

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Certificates of Status

MAIL

COVER LETTER

TO: **Registration Section Division of Corporations** Florida LLC SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

at (<u>3</u>2 averne G 939 rajales Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 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 Liab)lity Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on <u>November 15, 20</u> high assigned Florida document number <u>1190002404</u> 12					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:]				
Name of New Registered Agent:	7				
New Registered Office Address:	כ				
Enter Florida street address					
, Florida City Zip Code					
New Registered Agent's Signature, if changing Registered Agent:					

¹ 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

Page 1 of 3

.. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>		Address	Type of Action
<u>MG</u> R	Joseph La Kosa	Address 1420 (elebration Blud Celebration F2 34747	Add
		CERDIATION PL 89141	Remove
			Change
			O Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			🖸 Add
			C Remove
			Change
			🗆 Add
			Remove
			Change
			O Add
			Remove
			Change

. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record 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 record is filed.

November 15, Dated Signature of a memb ked representative of a member ha Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00