## 119000290113

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000344020990

05/08/20--01018--014 \*\*25.00

20 MAY -8 PH 12: 42

MAY 28 2020 C MCNAIR

## **COVER LETTER**

TO: Registration Section Division of Corporations	Port of the second
SUBJECT: 169 Mame of Limited Liability Company	COMPAND ON THE WAY
The enclosed Articles of Amendment and fee(s) are submitted for filing.	6.3
Please return all correspondence concerning this matter to the following:	
Duliel Tracey Name of Person	
Tea Gills Ill C	
P. U. BOX 540144	
Lity ee acres, FL 33454	
Tea q', 15 11 c @ a mal report notification)	
For further information concerning this matter, please call:	
Name of Person  at (561) 789-1874  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing I Certified Copy (additional copy is enclosed)	Status & y

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: 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**

•			
AR	TICLES OF	AMENDMENT	records.)
	T	0	۔ 'الا فہ
ART	CICLES OF C	RGANIZATION	Ox 13.
	0	F	32
	_		> · · ·
Tea Gil	< 110	n	A Section
(Name of the Lim	ited Limbility Compa	ny as it now appears on our	records)
Visite of the same	(A Florida Limited I	ny as it now appears on our Liability Company)	8
			75/19
he Articles of Organization for this Limited I	Liability Company	were filed on	25/11 and assigned
lorida document number <u>L19 (W</u> 2	1907KS		
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
. If affecting frames the first factor backs	01 (110 1111111111111111111111111111111	The state of the s	
		<del></del>	
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	n "LEC" or the abbreviation "L L C "
Enter new principal offices address, if appli	cable:	4300 10	g Road
Principal office address MUST BE A STRE		# 540144	9
rincipal office address wost be ASTRE	<u>LT ADDRESS)</u>	1 - 1/ 2	h, FL 33454
		1. City 11 101-1	M, F C 55 - C3 1
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E ROV)		
Mating address MAT BE A 1031 OF FICE	<u>. BUAJ</u>		
		<del> </del>	
3. If amending the registered agent and/or		address on our records,	enter the name of the new registered
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:			
<del></del>	(120)	1	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	9.300	Jug Road	# 540199
		UEnter Florida street	# 540144  address _, Florida 33454  Zip Code
	101600	worth	Florida 33454
		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 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
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	
	<del></del>
ote: If t	date, if other than the date of filing:
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	May 4 2020
ated	
ated	<i>ji</i>
ated	Stanature of a member or authorized representative of a member

. .

Filing Fee: \$25.00