L19000300644

(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



000356206320

12/14/20--01011--019 ++25.00

FILED 2020 DEC 14 FM 1:32

1/23/21

COVER LETTER

.

TO: Registration Section Division of Corporation	ons		
SUBJECT:	V houtiaus	- 1/C	, ,
/	Name of Limited	Liability Company	
The enclosed Articles of Amend	ment and fee(s) are submitte	ed for filing.	
Please return all correspondence	concerning this matter to the	ne following:	
	Tytoria	Name of Person	
(Girly Bo	Firm/Company	110
_/	1925 NW	Confundition 1	· G/rd =1/0
	Maca K	ity/State and Zip Code	32431
	E-mail address: (to be	inlyboution	otification)
For further information concerni	ng this matter, please call:		
Tyteria Gi	255	_at (<u>164</u>)	3-6099
Name of Person		Area Code Dayı	ime Telephone Number
Enclosed is a check for the follow	ving amount:		
	30.00 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:		Street Address:	
Registration Section	ı	Registration S	Section
Division of Corpora	tions	Division of C	
P.O. Box 6327	1.4	The Centre of	
Tallahassee, FL 323	14	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(oirly Invigue.	LLC
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company	rars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number	12/10/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	00
	· · · · · ·
Enter new mailing address, if applicable:	P
(Mailing address MAY BE A POST OFFICE BOX)	: :
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	lorida street address
Enter P	toriaa sireet aaaress
	, Florida
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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Brenda Dorcin	37 Tomaka Ridge Way	DAdd
		Osmand Bih, FL 3217	Remove
			□Change
			□Add
			□ Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□ Remove
			□Change 7
			BAdd 7
			C Remove
			□Change
	~~~		□Add
			□Remove
			Change
			□Add
			□ Remove

Addina	; Brend	a lorc	111 95	AUTA	or zed	Mon
			-			•
		<del> </del>			···	
			<del></del>			
	- <del></del>		<u>.</u>			<del></del>
	·	<del></del>		<u> </u>	<del></del>	
<del></del>			<u>.                                    </u>	<del></del> -	<u> </u>	<del>-</del> 202
				<u> </u>		0
					,	
						<del></del>
				<del></del>		
						<del></del>
<del></del>			<del></del>			N
						<del></del>
effective date is listed, t	than the date of filithe date must be specific and in this block does not e on the Department of	ing:	date of filing or mole statutory filing	ore than 90 days a	ptional) fter filing.) Pursu this date will no	ant to 605.0 ot be listed
cord specifies a delayers filed.	ed effective date, but n	ot an effective time	e, at 12:01 a.m. (	on the earlier of	(b) The 90th	day after t
ed	<u>6</u>	. 3030	. •			
	16	· ·				
			zed representative		· · · · · · · · · · · · · · · · · · ·	
	Signature of	a member or authori	zeu representative	or a member		

THE PARTY