## 119000302073

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## **COVER LETTER**

Division of Corpo	rations			
SUBJECT:	George Name of Him	ited Liability Company	LLC	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	George	Name of Person	LLC	
		Brett Firm/Company		
	7 265 u	Nesles Co	ove Lt.	<del></del>
	Jucky	City/State and Zip Code	32257	
	E-mail address: (	to be used for future annua	report notification)	
For further information con-	cerning this matter, please c	all:		
Brett I	Sea Cerson	at (904)	730-926	4
Name of Pe	erson	Area Code	Daytime Telepho	one Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street A	Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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**

George	- Toni, LLC		
( <u>Name of the Limited Liabflity C</u> (A Florida Lin	mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 19060302 073</u> .	npany were filed on	12/18/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		2020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			N P III
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	cords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		·

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AM</u> BR	Ton: Makhlout	9265 Wesley Cove C+ Jule sonville, FL 32257	( <del>b</del> \/dd
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing: 2/7/2020 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he recor	rd 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 led.
Dated	Toni AAI H Loni  Signature of a member or authorized representative of a member
	y Toni MAKH Cont
	Signature of a member or authorized representative of a member
	Ton, Makhlouf Typed or printed name of signee

Filing Fee: \$25.00