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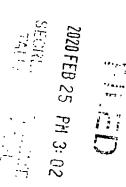
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C. SIMMONS
MAR 1 7 2020

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CIBIDOS TON COROL WILLIAM	LECTION C
SUBJECT: TONY PROUNT CON Name of Lin	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Tony	Name of Person
	Name of Person
Took Ro	CANAL COLVERTIONS LIC
	Firm/Company
	0015
1.110 5	Address
Survey Mi	FL 33025 City/State and Zip Code
E-mail address: (	to be used for future annual report notification)
For further information concerning this matter, please c	all:
- 00	21 220 2062
Name of Person	at ( <u>R86) 380 2263</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
,	\$55,00 Filing Fee & \$60.00 Filing Fee.
Certificate of Status	□ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 registere agent and/or the new registered office address here:  New Registered Office Address:		COLLECTION LLC.
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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 agent and/or the new registered Agent:  New Registered Office Address:	( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.
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 "LLC."  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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Florida document number <u> </u>	mpany were filed on $\frac{12/18/2019}{2019}$ and assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
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 registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	A. If amending name, enter the new name of the limite	ed liability company here:
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 registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	The paper page the distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new 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 registere agent and/or the new registered office address here:  New Registered Office Address:		2020 Side
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 registere agent and/or the new registered office address here:  New Registered Office Address:		
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New Registered Office Address:  New Registered Office Address:	(Mailing address MAY BE A POST OFFICE BOX)	
New Registered Office Address:  New Registered Office Address:		
New Registered Office Address:	B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
New Registered Office Address:	Name of New Registered Agent:	
Enter Florida street address	New Registered Office Address:	The Divide state and beauty
Emer Floriau street aaaress		Enter Florida Street address
Florida Zip Code		
City Zip Code		51,9

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tony O Brown	17/0 SW 99th Ave	X\dd
		Hiramor Fl 33025	□Remove
			□Change
			□Add
			□Remove
			Change  70 FE BAdd
			Elikemove.  3: Change
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable status iment's effective date on the Department of State's records.	filing or more than 90 day	(optional) s after filing.) Pursuant to 60 ts. this date will not be lis	)5,020' sted as
ord specifies a delayed effective date, but not an effective time, at 12: filed.	:01 a.m. on the earlier	of: (b) The 90th day aft	ter the
d JANIJARY 4. 2020	2		
المستقد المسلم بدائر المستسب المستدانية	/		

Filing Fee: \$25.00