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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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R. WHITE MAR 2 5 2020

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: P	Now (- Repair	E MORE TAMS	ic LCC.
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ma	LIC WEINEN Name of Person	<del></del>
	<u>waa</u>	1Er LAW (Troup (	<u>N</u>
	· · · · · · · · · · · · · · · · · · ·	PO Box 24734 Address	,
		TANDE FC. 331	<del>27</del> 33623
	E-mail address: (	ERME ME. COM  (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
MAIL Name o	WENCY f Person	at ( <u>XI3</u> ) 388 Area Code Daytime	30 U/
		·	·
Enclosed is a check for the	ne following amount:		
<b>2</b> \$25.00 Filing Fee	☐ \$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:
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

MONE Repu	AN & MULE 22.Th	anggo: 4.4.C
( <u>Name of the Limited Liab</u> (A Flor	illity Company as it now appears on ida Limited Liability Company)	ou <u>r records.</u> )
The Articles of Organization for this Limited Liability Florida document number $L2.06601896$	_ · · · ·	10 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our record:	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	City	, Florida Zip Code
	Cuy	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>	Name	<u>Address</u>	Type of Action
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		Zephyrhills, FL 33548	<b>2</b> Remove
		<del></del>	□Change
Anh	Enne Aldecal MAllas	18044 V.llo Week Dr	□Add
		Tanga Fc. 33647	
			□Change
Mbr	HAND M Cell	3117 W. (olubes D, 20.	<u>∫</u> @Add
	ABCESSONIESU	ic JAMPO, Fr. 33607	□Remove
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1100 E	i the date hiserted a	han the date of fili date must be specific a n this block does no on the Department of	i meet the apping	able statutory films	(option re than 90 days after fi requirements, this o	n <b>al)</b> ling.) Pursuant to 605.0207 ( late will not be listed as t
e record d is filed	specifies a delayed d.	effective date, but n	ot an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
	03/06	_	. 20/0	<del></del> ·		
Dated _						
Dated _				orized representative c	_	