L20000019800

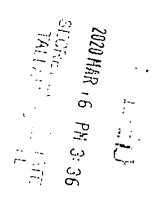
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





100341974661

83/16/26--610:0--002 **25.00



O SIMMONS
MAR 27 2020

COVER LETTER

Division of Corpo	rations		P
	o Condoc III	r	•
SORTECL:	e Couples LL	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Naomi	Slater Name of Person	
	Divine (OUPLES LLC Firm/Company	
	2190 NE 20	Address	.
	miami, FC	33 17 9 City/State and Zip Code	
	naomisja E-mail address: (i	ter @ grajl, com o be used for future annual report notifie	cation)
For further information con	cerning this matter, please ca	all:	
Na Omi Sk Name of P		at (305) 318 - (Area Code Daytime	012 il Felephone Number
Enclosed is a check for the	following amount:		
₩\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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:	

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Nume of the Limited Libbility Compan (A Florida Limited L	L C Ly as it now appears on our	records.)
(A Fiorida Limiteo L	rability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $O(1)^2$	2020 and assigned
Florida document number <u>L200000 19800</u> .	·	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
Enter new mailing address, if applicable:		<u>ق</u> - ا
(Mailing address MAY BE A POST OFFICE BOX)		D 1 : :
		ω
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent:		
Maria Barriana di Officia Addissa		
New Registered Office Address:	Enter Florida street d	address
	·	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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
M BR	Naomi Slater	2120 NE 205th st, Mjami F 33179	(GAdd
			□Remove
			□Change
			□Add
			□Remove
			2020 Change
			ØAdd '
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

					
		<u>.</u>			
					
			 -		~ 3
 					2020 HAR
				; * 4	iar
					<u> </u>
			 		
			 -	· · · · · · · · · · · · · · · · · · ·	<u> </u>
					3 6
		· · · ·			
	<u>.</u>			 	
	· · ·	 	<u>.</u>		
		J-4 C C I:	(opt		ZOE D
ective date, if other than the date of fili	t meet the applicabl				
neffective date is listed, the date must be specific atter. If the date inserted in this block does not	Ceneula respecta				
reffective date is listed, the date must be specific a	i State's records.				
n effective date is listed, the date must be specific a te: If the date inserted in this block does not cument's effective date on the Department of					
n effective date is listed, the date must be specific at te: If the date inserted in this block does not cument's effective date on the Department of ecord specifies a delayed effective date, but no		, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after tl
n effective date is listed, the date must be specific at te: If the date inserted in this block does not cument's effective date on the Department of ecord specifies a delayed effective date, but not stilled.	ot an effective time	, at 12:01 a.m. of	n the earlier of: (b) The 90th	day after tl
n effective date is listed, the date must be specific at te: If the date inserted in this block does not cument's effective date on the Department of ecord specifies a delayed effective date, but not stilled.	ot an effective time	, at 12:01 a.m. of	n the earlier of: (b) The 90th	day after tl
n effective date is listed, the date must be specific at te: If the date inserted in this block does not cument's effective date on the Department of ecord specifies a delayed effective date, but not stilled.	ot an effective time	, at 12:01 a.m. of	n the earlier of: (b) The 90th	day after ti
reffective date is listed, the date must be specific at te: If the date inserted in this block does not cument's effective date on the Department of ecord specifies a delayed effective date, but not stilled.	ot an effective time			b) The 90th	day after ti

Filing Fee: \$25.00