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COVER LETTER

	Registration Se Division of Cor				
CHD IE		eneral LLC, a Florida limited l	iability company		
SUBJECT: Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Nicholas T. Apathy			
			Name of Person		
		Nicholas T. Apathy, P.A.			
			Firm/Company		
		224 Palermo Ave			
			Address		
		Coral Gables, FL 33134			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		rbarbara@rlbpa.com			
		E-mail address: (to be used for future annual report	notification)	
For furth	er information c	oncerning this matter, please co	all:		
i.	egna Martin		at (305) 400-8	8802	
	Name o	f Person		ytime Telephone Number	
Enclosed	l is a check for th	ne following amount:			
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		Street Address Registration		
Division of Corporations		Division of	Corporations		
	P.O. Box 632			of Tallahassee	
	Tallahassee, I	rt. 32314	2410 N. MO	nroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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Floridian General LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/13/2020}{1}$ ____ and assigned Florida document number L20000020262 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Floridian General Lines LLC 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 Florida street address

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

__, Florida

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>_</u>		.	□Add
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	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) not meet the applicable statutory filing requirements, this date will not be listed as the
ord is filed.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	15 2020
	e of a member or authorized representative of a member
PIU	Typed or printed name of signee

Filing Fee: \$25.00