1200000 21226

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000353094340

10/07/20--01009--002 **25.00

140: -7 737:39

O SIMMONS HOV 1 4 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 1 2020 (F) -7 f., 7:09

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01/14/2020 and assigned
Florida document number L20000021226	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
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:

New Registered Office Address:		
New Registered Office Address.	Enter Floridu street	address
		_, Florida
	City	7in Code

New Registered Agent's Signature, if changing Registered Agent:

PAL ROADWAY, LLC

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>	<u>Name</u>	Address	Type of Action
AMBR	HAYSAM ELKOTT	13114 SANCTUARY COVE DR. APT. 302	■Add
		TEMPLE TERRACE, FL 33637	□Remove
			□Change
	 		□Add
			□Remove
			Change
			□Add
			Remove
			Change
		 	□Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change

					GE	-7 P	3 1 3	3
						<u> </u>		
								
	<u> </u>							
								
			<u> </u>					
		 -			<u> </u>		_ _	
			_					
			 .					
	·							
			_					
					_			
								
fective date, if other than the da n effective date is listed, the date must be	te of filing	;:	ior to date o	f filing or t	nore than 9	(opti	ional) r filing) Pi	rsuant to 605.02
ote: If the date inserted in this block	does not n	ieet the app	licable sta	tutory fili	ng require	ments, th	is date wi	I not be listed
cument's effective date on the Depa	rtment of S	tate's recor	ds.					
ecord specifies a delayed effective d	ate, but not	an effective	e time, at l	2:01 a.m.	on the ea	rlier of: (b) The 9	0th day after th
is filed.								
	013	2020						
ited	October 2	2020	·					
			_					
	V/							
		nember or au	_, ,		- r			

Filing Fee: \$25.00