L20 0000 28543

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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

Registration Section

TO:

Division of Co	rporations			
SUBJECT: <u>VQ</u>	Lay Things for Name of Limit	C a Living, LLC ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Robert Ba	Name of Person		
	We Lay Thi	35 for a Living	11.C.	20
	440 Koutn'	AK Rd SE	LLAHASSI	[] [] [] [] [] [] [] [] [] []
		100 City/State and Zip Code		ILED IG 28 PM 2
	Fortfastiobal E-mail address: (1	amail, COM orbe used for future annual report notif	ication)	: 29
For further information of	concerning this matter, please ca	H:		
Robert F	Brandy of Person	at (321) 427- Area Code Daytime	Collo	_
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

We Lay Things for a (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 00 28543</u> .	were filed on January 22, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
RB F1000' no and Renovation The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	17 S 22 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same Same
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: NA	
New Registered Office Address:	Enter Florida street address
NA	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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
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			□Remove
			□Change
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effective date is listed, the date must be specific and cannot be price	or to date of filing or more tha		g.) Pursuant to 6	
e: If the date inserted in this block does not meet the applument's effective date on the Department of State's record		nrements, this date	will not be l	isted a
cord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) T	he 90th day a	fter the
s filed.				
August 15 200	\sim			
Poloca Pred Signature of a member or aut	<u>O</u> .			
Robert Pred				
Signature of a member or aut	thorized representative of a n	nember	·	