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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations		<u>,</u> •	
SUBJECT: MCTQ T	Rame of Limited Liability Co	ting LLC	
			2081825
The enclosed Articles of Amendment ar	nd fee(s) are submitted for filir	g.	200
Please return all correspondence concer	ning this matter to the following	ıg:	٠٠٠
	hamera t	EIII S Person	·
	Firm/Co	mpany	
497	1 Tradewind	S Ter	
Ft 10	City/State and City/S	FL 33312 d Zip Code ture annual seport notification	Com
For further information concerning this	matter, please call:	•	
SVAMERA EI	at (95)	548 - 87 a Code Daytime Telep	20 hone Number
Enclosed is a check for the following an	nount:		
□ \$25,00 Filing Fee \$\frac{\times}{\times}\$	rate of Status Certifie		\$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

(Name of the Limited Liability (A Florid	ility Company as it now appears on our records. Ida Limited Liability Company)	***
The Articles of Organization for this Limited Liability	Company were filed on <u>TUNUARY 29, 2020</u> and assigned	•
Florida document number <u>L 20000 3597</u>	' /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office address on our records, <u>enter the name of the new register</u> :	<u>ed</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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 Name	<u>Address</u>	Type of Action
MGR	Shamera Ellis	4971 Tradewinds Ter	X/Add
		Ft. Lauderdale, FL33312	<u> </u> □Remove
			Change
Mar	Nikola lájic	4971 Tradewinds Ter.	
		ft Landerdale, FL 33312	<u>√</u> KRemove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□ Add
			🗆 Remove
			Change

11 4411	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	ive date, if other than the date of filing:
he reco ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	february21,2000.
	Signature of a member or autiforized pepresentative of a member
	Nikola Laji C Typed or printed name of signee