2	200000	44267

(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section
	Division of Corporations

Division of C	orporations		
	9 AVE, LLC		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
SUBJECT:	Name of Lim	ited Liability Company	Ofto
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	20 FEB 21 PA 1.45
	pondence concerning this matter		
	Heidi Renshaw		t.sr
		Name of Person	
		same of reison	
	A to Z Processing Inc.		
		ЕнинСо прану	
	513 Windy Lane		
		Address	
	Port Orange, FL 32129		
	heidi@atozprocessing.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further informatio	a concerning this matter, please c	all:	
Heidi Renshaw		386 307-4325 at ()	
Nam	e of Person		e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25,00 Filing Fee	S30.00 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration See	tion

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	r	6
132 NW 9 AVE, LLC		and assigned
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	iv as it now appears on our records.)	
(A Florida Limited L	rability Company)	3
The Articles of Organization for this Limited Liability Company	were filed on February 6, 2020	and assigned
Florida document number L20000044267		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L4.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter the n</u>	ame of the new register
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 th 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.

Ċiŋ

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	Yvenet Jesuca	8736 Escondido Way E, Boca Raton, FL 33433	🖻 Add
			□Change
			🗆 Add
			🗌 Remove
			🗆 Change
			🗆 Add
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			🗆 Remove
			□Change
			🖸 Add
			🗆 Change
			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	 ····
re date, if other than the date of filing:	 (optional)

If the record 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 record is filed.

February 14	2020		
H	ide Rausha		
<u></u>	Signature of a member or authorized representative of a member		
Heidi Renshaw			
	Typed or printed name of signee		