LLOCOCO HOBI

(Requestor's Name)
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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: DOMONTH FSNi Name of L	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Amnuny a	BUMINK Name of Person	_
Belmontes	Fin Company	_
107104 57tm	Address	_
_Seminou	City/State and Zip Code	_
QVLIMINT E-mail addres	-8420 amail. COM ss: (to be used for future annual report notification)	
For further information concerning this matter, please	e call:	
AMONY BELMONTE Name of Person	at (<u>J2J</u>) <u>417 - 39 108</u> Area Code Daytime Telephone Numbe	er
Enclosed is a check for the following amount:		
1 \$25.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited I</u> (A)	<u> Jiability Company as i</u> Florida Limited Liability	t now appears on our y Company)	records.)			
The Articles of Organization for this Limited Liabi		filed on <u>02/0</u> 9		and	assignec	i
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liability c	ompany here:				
The new name must be distinguishable and contain the words	s "Limited Liability Cor	npany," the designation	n "LLC" or the ab	breviation	ぶ.L.C."	
Enter new principal offices address, if applicable	e:			1-C)	≩ .	-;-;
(Principal office address MUST BE A STREET A	(DDRESS)		 	SS VI	R -	
	 -	···	17-8 - U			11
Enter new mailing address, if applicable:				1.037 1.037	<u>12</u>	; ——
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			5.7	-	
B. If amending the registered agent and/or regisagent and/or the new registered office address h		ss on our records,	enter the nam	e of the i	new reg	 istered
Name of New Registered Agent:	Anthony	selmonte	=-			
New Registered Office Address:	10764 571	4 Ave IV Jano	address			
	Seminole	ity	, Florida	_33.7 Zip Cod	<u> 7 Z</u>	

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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fective date, if other t	than the date of fi	ling:		(optional)	
n effective date is listed, the oter. If the date inserted	in this block does no	ot meet the applicabl				
cument's effective date	on the Department of	of State's records.				
ecord specifies a delayed	d effective date, but	not an effective time	, at 12:01 a.m. on the	earlier of: (b) T	he 90th da	ay after th
is filed.						
ned Februan	h 79	2020				
Y EVI VIST	st.					
	- Multy	m Belv	ed representative of a n	nember .		<u></u>
	Signature (/	The strain will be a strain of the strain of	ed representative or a n	icin(ici		

Filing Fee: \$25.00