# L200000 12301

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

TO: Registration Section of Corp.				
SUBJECT:	Name of Emilio	Ed Liability Company	<del> </del>	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	Krica	Name of Person	n5_	
		J Taxi Firm/Company	<u>uc</u>	
	213	& Bair	Ave	
	Per	Cly/State and Zip Code	3234-	2
	Jern St.	~ 5 5 52 F	grail.	Com
For further information con	ncerning this matter, please cal	1:		
Frica J. Name of	Sans Person	at (850) Area Code	843-43	187 hone Number
Enclosed is a check for the	following amount:			/
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		\$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 Company as it a (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	ngany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	oany," 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 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:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registeres Office Fishess.	Enter Florida street address
	. Florida
City	
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR_	Erica Evans	213 9. Blair Ave.	🗆 Add
		213 V. Blair Ave. Perry, FL 32347	Remove
			Change
			🗆 Add
			□Remove
			□ Remove
***********			
			— □Remove
			□Change
			DAdd
		**************************************	Remove
			□Change
	<u></u>		□Add
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			□Change
<del></del>			□Add
			Remove
			□ Change

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ve date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fent's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605,0207 filing requirements, this date will not be listed as t
d specifies a delayed effective date, but not an effective time, at 12:01 a. ed.	i.m. on the earlier of: (b) The 90th day after the
March 84 Bodo	`
113. 1 1 21/2	4. 4 )
Signature of a member of authorized representa	ative of a member

Filing Fee: \$25.00