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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Corporations				
v 4 -) = N H C			
SUBJECT: K-1	Name of Lim	ited Liability Company		
	13000 07 4.00	ned thatmy company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing		
Please return all correspond	Jence concerning this matter	to the following		
	LIMIT V	DAVEN ARMAR		
	Noce 1 1.	Name of Person) (+	
	<u> </u>	ED LLC		
		Firm/Company		
	1/1/00 E ME	ON A CETATER H	52:u- 11-12-	
	16105 ELL	ERALD ESTATES]	JRIVE, # 135.	
	WESTON, F	City/State and Zip Code		
		City/State and Zip Code		
	Nolly raven @	ive . Com o be used for future annual report notif		
	E-mail address (t	to be used for future annual report notif	fication)	
For further information cor	cerning this matter, please ea	oll:		
1 dell 1/1 a	2 1	/ - 0:-	1	
Nolly y	kwen Armada	at (<u>415</u>) <u>910 4</u> Area Code Daytimo	2048	
Name of 1	Crown	Mea Code Daytim	e reteptione (summer	
Enclosed is a cheek for the	following amount			
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee &	☐ \$60 00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
		(additional copy is enclosed)	(additional copy (senctosed)	
	•			
Mailing Address:		Street Address:		
Registration Section			Registration Section	
Division of Cou P.O. Box 6327	porations	Division of Cor The Centre of T		
Tallahassee, FI	. 32314		: Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 11 22 PH 6:48

K-12 ED LU	C. 22 111 51 C
(Name of the Limited Li (A.F.	ability Company as if now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liabili	· · · ·
This amendment is submitted to amend the followin	g
A. If amending name, <u>enter the new name of the</u>	limited liability company here;
The new name must be distinguishable and contain the words	"Limited Liability Company." the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable	·
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new registere</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	zap couc

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>	Name	Address	Type of Action
MGR	Nolly Y. Raven Armada	16102 Emerald Estater Drive	<u>e E</u> Xdd
		_ # 135,	□Remove
		Weston, FL 33331	□Change
			_
			□Remove
			□Change
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Effecti	we date, if other than the date of filing:
(If an effe Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605 0207 (If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as t
	int's effective date on the Department of State's records
ne record ord is file	I 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 ed.
	. A
Dated_	<u>Hay 19⁴⁴</u> 2020
	Sygnature of a member or authorized representative of a member
	Nolly Y. Raven Armada Typed or printed name of signee

Filing Fee: \$25.00