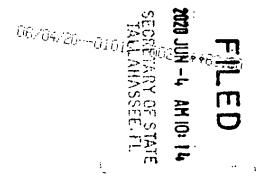
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JUN 20 2000

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE	CT:	South	FLOCIDA Name of Lim	A ochic ited Liability Con	pany	w (LC_
The encl	osed Articles of	Amendment and	d fee(s) are sub	mitted for filing			
Please ro	eturn all correspo	ndence concern	ing this matter	to the following	:		
			Jost	Name of P	- ownslei erson	 	
				Firm/Com	pany		
			5261	SU 12 Addres	lst Ter	race	
			Coper	City/State and a	FL ;	<u>3333</u> 0)
		- 1	Sosh E-mail address: (1	to be used for futu	LO auctic	notification)	2 <u>m</u>
For furth	er information co	oncerning this n	natter, please ca	ıll:			
	Sos ha	Person	unsley	at (<u>45</u> Area C	Code Day	17 S	597 one Number
Enclosed	l is a check for th	e following am	ount:				
□ \$25.	00 Filing Fee	S30.00 Fi Certifica	ling Fee & te of Status	S55.00 Fil Certified (additional)	-	Z	\$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

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
A. If amending name, enter the new name of the limited liability company here:	ganization for this Limited Liability Company were filed on	gned
	submitted to amend the following:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	ame, enter the new name of the limited liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	pal offices address, if applicable:	c."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nization for this Limited Liability Company were filed on	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:	e registered agent and/or registered office address on our records, enter the name of the new new registered office address here:	registere
Name of New Registered Agent:	New Registered Agent:	
New Registered Office Address: Enter Florida street address		
Florida Zin Code		

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>	<u>Name</u>	Address	Type of Action
MGR	Joshua Tourstey	5261 SW 121st Terrace	_ DAdd
		cooper city FL 33330	□Remove
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effective date is listed, the effective date inserted	in this block does	not meet the appl	icable statutory fil	ing requirements,	this date wi	irsuant to Il not be	1isted a
ument's effective date	on the Department	t of State's record	s.				
cord specifies a delaye	ed effective date, bu	it not an effective	time, at 12:01 a.n	1. on the earlier of	(b) The 9	0th day	after th
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