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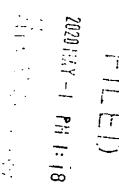
(Requestor's Name)
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Amend

MAY 1 8 2020 I ALBRITTON

Division of C	orporations		
SUBJECT:	Name of Lim	E GF5 LL ited Liability Company	<u>C</u>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	,	Name of Person Signal E GA Firm/Company	5 HC
		Address	D.* 130
	Fort Lave	City/State and Zip Code	33301
	Orto Il mail address: ((o be used for future administ report not	· CO
For further information	concerning this matter, please ca	ով!: 	
GREG Name	of Person	at (954) 401 Area Code Daytin	2500 ne Telephone Number
Enclosed is a check for ☑.\$25.00 Filing Fee	r the following amount: \$\Bigsireq \\$30.00 \text{ Filing Fee & Certificate of Status}	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Se	ection

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

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company		
(A Florida Limited Lia	ability Company)	<u>x</u> .
The Articles of Organization for this Limited Liability Company w	were filed on $03/24$	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
	A/A	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MA	
(Principal office address MUST BE A STREET ADDRESS)		
		020
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-T
		-: 00
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter</u>	the name of the new reg
Name of New Registered Agent:	NA	
New Registered Office Address:		
<u> </u>	Enter Florida street addres	s
	F21	• •
	, Flo	orida
No Destruction of Association (Control of the Control of the Contr		ing man
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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	REGARALD ABRAHAM	# 130 For Lorded ale	XAdd
		# 130 For Lorder Lander Lander	ПСпюче
		FL 33301	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			□Change
		<u> </u>	□Add
			□Remove
			□Change

Fective	date, if other than the date of filing: (optional)
n effect	ve 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 60
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lise is effective date on the Department of State's records.
econt s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
is filed	
	. 1.
ted	04/16 2020
	$04/16 \qquad 2020 \qquad 2019$
	Signature of a member or authorized representative of a member
	1 /
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