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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
Poizen Wo	orld LLC	•	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Orlando Vanegas		
	**************************************	Name of Person	
	Poizen World		
		Firm/Company	
	20641 sw 79th ct		
		Address	
	Miami FL , 33189		
		City/State and Zip Code	
	orlando@LexoLiving.com		
		to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Orlando Vanegas		305 873-3761	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ontion
Registration Division of 0		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	it now appears on our records.)
(A Fronda Eximed Diabr	ry Company)
The Articles of Organization for this Limited Liability Company wer	e filed on March 30, 2020 and assigned
Florida document number L20000092275	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	020
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	70 -
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	00
B. If amending the registered agent and/or registered office add	ess on our records, enter the name of the new reg
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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>	Name	Address	Type of Action
MGR	Orlando Vanegas	20641 sw 79th ct miami fl 33189	<b>≡</b> Add
			□ Rеточе
			□Change
AMBR orlando vanegas	-	20641 sw 79th ct miami fl 33189	
			□Rетоvе
		••••	□Change
			□Remove
			□Add
			□Remove
			□ Change
			□Add
		<del>-</del> ,	☐ Change
			□Remove
			∏Chanve

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe ote:	ve date, if other than the date of filing:
record 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.
ated _	4/23/2020.
	( and the second
	Signature of a member or authorized representative of a member
	17.1 1 1/-
	Typed or printed name of signee