L200000 94327

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800343304178

. 04/17/20--01012--026 **25.00

R. WINTE

COVER LETTER

TO: Registration Sect Division of Corpo	ion Orations		
SUBJECT:	Region Cu	ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jeanir	ne Livermon	10
		Name of Person	
		D: (0)	- Trivia - Tribaka
	1100 Bric	Firm/Company Address	we # 59H
	miumi		31.
	Lanini E-mail address: (to be used for future annual report not	Theatient . (CM)
For terther information cor	cerning this matter, please c	all:	\bigcup
LUNIA Name of F	LNW MOL	at (104) Haytin	ne Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 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)

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

Rean nochl	OF	2003, 17 /11 9:42
Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for Organization	any were filed on	411 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here	:
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	enation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		. Florida
	City	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 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
AMBR	Jeanine Livermore	1100 Britch By drie 59 H. MiAmi Fr 3313	C\$Add
		59 H, MIAMI & 3313	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Changa

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
-	
•	***************************************
-	
•	
Note:	fective date, if other than the date of filing:
f the record ecord is fi	rd 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 led.
Dated	4/11 2020
	Signature of Aynember or authorized representative of a member
	Olar Mwc Street or printed name of signer