## LZOCCC 101984

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
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(Do	cument Number)			
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02/05/21--01014--004 \*\*60.00





## **COVER LETTER**

O: Registration Section Division of Corporations

UBJECT: Name of Limited Liability Company

e enclosed Articles of Amendment and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:



information concerning this matter, please call:

<u>Area Code</u> Daytime Telephone Number

check for the following amount:

ling Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Section 2010 Secti

Address: ation Section n of Corporations x 6327 see, 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				
(Name of the Limited Liability Compan (A Florida Limited Li	- Marke UC. y <u>as it now appears on our records.</u> ) ability Company)			
e Articles of Organization for this Limited Liability Company v rida document number <u>V200010198</u> .4	vere filed on <u>413202</u> and assigned			
amendment is submitted to amend the following: f amending name, enter the new name of the limited liabil	ity company bere:			
w name must be distinguishable and contain the words: "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
new principal offices address, if applicable: i <u>pal office address MUST BE A STREET ADDRESS)</u>	2622 FLOURNOY CIKS. Clearmoter, FL 3376			
ew mailing address, if applicable: <u>address MAY BE A POST OFFICE BOX)</u>	2022 Flournon Cirs Clearmater, FL 33764			

nding the registered agent and/or registered office address on our records, enter the name of the new registered for the new registered office address here:

ame of New Registered Agent:			6
w Registered Office Address:		,	
<u>m Registered Office / Iduless</u> .	Enter Florida street address		······································
		, Florida	
	Ciņ		. Zip Code
d Agent's Signature, if changing Registe	ered Agent:		

of the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ill statutes relative to the proper and complete performance of my duties, and I am familiar with and gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is nercly reflect a change in the registered office address, I hereby confirm that the limited liability een notified in writing of this change.

## 1GR = Manager MBR = Authorized Member

itle	Name	Address	Type of Action
1BR	Isabella Smith	2622 Flournay Cir. S Clear Water, FL 337	s- Dadd
			Change
			🗆 Add
			🛛 Change
-			🗆 Add
			□Change
			🗆 Add
			🗆 Remove
			Change
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			🗆 Remove
			🗆 Change
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			🗆 Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

11 100 11 1+1c $\mathbb{C}$ 121 Articles Organi 2 ++10ſ. Se ١  $\cap$ Y SKIR ) C C M N٢ eik

date, if other than the date of filing:

(optional) 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 605.0207 (3)(b) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the s effective date on the Department of State's records.

cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

ignature of a member or authorized representative of a member Typed or printed name of signee