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(	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:	
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AUG 0 6 2020 S. YOUNG

My Frasy L	life LLC		
SUBJECT:	Name of Lim	ited Liability Company ,	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shamaine Greene		
		Name of Person	
		Firm/Company	
	8755 West Long Acre Driv	ve	
		Address	
	Miramar, FL 33025		
	shamainc1986@yahoo.com		
For further information of	E-mail address: ( concerning this matter, please concerning this matter)	to be used for future annual report notable:	otification)
Shamaine Greene		786 380-3724	
Name o	of Person		ime 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of C The Centre of	orporations
PO Box 65	! I	i ne Centre of	i alianassee

Tallahassee, FL 32314

**Division of Corporations** 

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

My Thusy Effe table		<del></del>
(Name of the Limit)	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	. co
	(A Fronda Emmed Emerity Company)	;= <u>1</u>
The Articles of Organization for this Limited Li	ability Company were filed on (4)14/2020	andassigner
Florida document number 1.20000102520		
Fiorida document humber	·	
This amendment is submitted to amend the follo	wina:	
This amendment is submitted to afferin the toric	owing.	· · · · · · · · · · · · · · · · · · ·
A 16	Take the land to billion common bound	, <u>9</u>
A. If amending name, enter the new name of	the nimed hability company here.	
The name name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
The new name must be distinguishable and contain the w	ords commed claumty company, the designation liber of	ine addressation tales.
Enter new principal offices address, if applications	able:	
	·· <del>···································</del>	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	
		,
Enter new mailing address, if applicable:		
rinter new maning address, it applicable.		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or r	egistered office address on our records, <u>enter th</u>	ie name of the new reg
agent and/or the new registered office addres		
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
rew registered office reducing.	Enter Florida street address	
	Flor	ida
	City	Zip Code
	·	-

## New Registered Agent's Signature, if changing Registered Agent:

My Frace Life LLC

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>	Name	Address	Type of Acti
MGR	Shamaine Greene	8755 W Long Acre Drive, Miramar, FL 33025	≣Add
			□Remove
			□Change
			□ Add
			□Remove
			□Remove
		······································	□Change
			□Remove
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			□Remove
			🗆 Change

Effective date, if other than the date of filing:  [Optional]  (In a effective 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 605.07.  More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date and the defective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the distribution of the date of the statutory filing requirements. The 90th day after the distribution of the date of the properties of the filed.  Signature of a hymber or hybridized representative of a member Shamaine Greene	-	
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Signature of a hember or hythorized representative of a member		
	Dated	06/16/2020
		Signature of a member or hythorized representative of a member

Filing Fee: \$25.00