L20000 112842

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TO:

Registration Section

Division of Corp	oorations		
SUBJECT: <u>EXCU</u>	Sive Proper Name of Limit	2 (Ly I TOPE) ted Liability Company	chan Compa
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nichola	S Stewart Name of Person	
	EXCLUSIVE PRO	Pert Inspect	ian Campany
	2479 EN	Falco Circle	
	Port Saint Nickste	City/State and Zip Code Wart 5796 ground to be used for future annual report hotology.	nail cam
For further information co	E-mail address: (o	O	fication)
To futfice information co			
Nicholus 51	Person	at (112) Q85 Area Code Daytin	- 2749 ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	-
P.O. Box 632 Tallahassee, I		The Centre of 7	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000112842</u> .	were filed on April 27, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2422 SW Falcon Circle
(Principal office address MUST BE A STREET ADDRESS)	POA Saint Lucie, FC 34953
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	Sinem Dokmeci	108 N. Depot Drive	□Add
		Suite 106	XRemove
		Fort Pierce, FL 34950)_ □Change
		-	□Add
			□Remove
			□Change
			□Add
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			□Change
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	<u> </u>
If an effe Note:	we date, if other than the date of filing:
e recore	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.
Dated .	June 25th, 2020.
	Mid lut
	Signature of a member or authorized representative of a member
	vicholas Stewart