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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Solivision of Co			
	ERION, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	P. TRISTAN BOURGOIC	INIE, ESQ.	
		Name of Person	
	TRISTAN BOURGOIGN	IE, P.A.	
		Firm/Company	
	5975 SUNSET DRIVE, #6	503	
		Address	,
	MIAMI, FL 33143		
	PTB@MIAMI-DROIT.CO	City/State and Zip Code	
	_	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
P. TRISTAN BOURGO	IGNIE	305 200 0350	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Sec	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632		The Centre of T	-

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

T ARTICLES OF O	O NDC ANIZATION	2020 and assigned
ARTICLES OF C	_	
	•	
3006 E MERION, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)
	m. a MAY 13.	2020
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000129900		•
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 Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3281 NW 126TH TERI	RACE
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33323	
Enter new mailing address, if applicable:	3281 NW 126TH TERI	RACE
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33323	
B. If amending the registered agent and/or registered office a	iddress on our records	enter the name of the new registered
agent and/or the new registered office address here:		
Manager & Manager Description and Assessed		
Name of New Registered Agent:	<u>.,</u>	
New Registered Office Address:	Enter Florida stree	v address
	City	, Florida Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Remove
			□Change
	/		🗆 🗆 Add
			□Remove
			□Change
			🗆 Add
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			□Change
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<u>Note:</u> If the o	e, if other than the da ite is listed, the date must be late inserted in this block fective date on the Depa	: does not m	eet the applic	cable statutory	or more than 90 filing requirer	(optional) days after filin nents, this dat) g.) Pursuant to 605 e will not be list	5.0207 ed as
e record speci rd is filed.	ies a delayed effective d	ate, but not a	an effective t	ime, at 12:01 :	a.m. on the ear	lier of: (b) T	The 90th day afte	r the
	:0.		2020	·				
Dated MAY	1 190	' }						
Dated MAY		In			tative of a memb			

Filing Fee: \$25.00