L20000 137861

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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Amend Name ch 8

> JUN 25 2020 I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor	ection porations		
SUBJECT: VC	Nume of Limi	ited Liability Company	Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return ail correspo	ndence concerning this matter	to the following:	
	Jackens Yvolution	Name of Person RECORDS Limits Firm/Company	led Liabl. ty Company
	345 NW	100th TER	
	Miani FA Kizumbalose E-mail address: (1)	City/State and Zip Code Common Commo	icution)
For further information c	oncerning this matter, please ea	•	
JACKEN Name o	S ACCIOS	at (305 890 Area Code Daytime	-5300 Telephone Number
Enclosed is a check for th	ne following amount:		
12 \$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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOIDE RECORDS (Name of the Limited Liability Compare) (A Florida Limited L	1 m + ed LiAbility Company (ability Company)
The Articles of Organization for this Limited Liability Company Florida document number $L20000137861$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi NOUTO BECOVES L. L. The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name of the limited liability or the new name of the new nam	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	345 NW 100TER Miami, FC 33150
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	345 NW 100 TER Miami, FL 33150
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Miami	Enter Florida street address City Zip Code
	Σφ Coae

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. Thereby 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>	<u>Name</u>	Address	Type of Action
9A	JACKENS ACCIUS	345 NW 100th TER	_ V_Add
		Miami FL 33150	
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			Dadd
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Chara.

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I JACLENS PKCIUS WES also
Supposed to be added as a
Abon the company and the
PA. I am muling chavees to
the L.L.C. alx) kind the
FIN number needs to be added
85-0902874. My rune need to be
added as I am a member of
the amany as well
TVE CONTRAINT SES WEST

E. Effective date, if other than the date of filing:(optional)
(If an 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 605,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
If the record 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 ecord is filed.
Dated June 8 7 2020.
Dated Sov Co.
Signature of a member or authorized representative of a member
Trokas Accius

Filing Fee: \$25.00