## LZ0000170136

| (Requ                      | uestor's Name) |             |
|----------------------------|----------------|-------------|
| (Addr                      | ess)           | <del></del> |
| (Addr                      | ess)           |             |
| (City/                     | State/Zip/Phon | e #)        |
| PICK-UP                    | WAIT           | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Doci                      | ıment Number)  | )           |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | ling Officer:  |             |
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Office Use Only



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## **COVER LETTER**

| O: Registration Section Division of Corporations  |  |
|---|--|
| UBJECT: Name of Limited Liability Company   |  |
| he enclosed Articles of Amendment and fee(s) are submitted for filing.  |  |
| lease return all correspondence concerning this matter to the following:  |  |
| Delatron Johnson Name of Person  Di A Uni forms LLC  Firm/Company   |  |
| 1297 Mycroft Drive  |  |
| Cocoa, Fl. 32926  City/State and Zip Code  A a uniforms 2020@yahar.com  E-mail address: (to be used for future annual report notification)  |  |
| or further information concerning this matter, please call:   |  |
| Delatron Johnson at (321) 536-4421  Name of Person Area Code Daytime Telephone Number   |  |
| nclosed is a check for the following amount:  |  |
| \$25.00 Filing Fee \$\times \text{ Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ \$\text{\$\text{\$\text{\$}}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |
|   |  |

**Mailing Address:** Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, 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 Compa<br>(A Florida Limited I   | any as it now appears on our records.)                                |             |
|--|---|-------------|
| (A Florida Limited I   | Liability Company)  |             |
| The Articles of Organization for this Limited Liability Company  | y were filed on <u>6.18.3020</u> and assigned                         | ļ           |
| Florida document number <u>L20000170136</u> .  |   |             |
| This amendment is submitted to amend the following:  |   |             |
| A. If amending name, enter the new name of the limited liab  | bility company here:  |             |
| The new name must be distinguishable and contain the words "Limited Liabil   | ility Company," the designation "L.L.C." or the abbreviation "L.L.C." | <del></del> |
| Enter new principal offices address, if applicable:  | 500 Barton Blue #3  |             |
| Principal office address MUST BE A STREET ADDRESS)   | Rockledge, Fl. 32955  |             |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                  | 500 Barton Blvd #3<br>Rockledge, Fl. 32955                            | <del></del> |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our records, enter the name of the new regi                | stered      |
| Name of New Registered Agent:  |   |             |
| New Registered Office Address:   |   |             |
|  | Enter Florida street address  |             |
|  | , Florida<br>City Zip Code  |             |
|  | chy zip Code  |             |

## 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, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u>                           | <u>Address</u> | 2020 AL + 13 PM 3: 79 | Type of Action |
|--------------|---------------------------------------|----------------|-----------------------|----------------|
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| 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 6 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft of is filed.  Dated August 4 . 2020.  Signature of a mymby or authorized representative of a member   | (  | _                       | information, ent         | _                     |                     | -                       | •                                      |             |
|--|--|-------------------------|--------------------------|-----------------------|---------------------|-------------------------|--|-------------|
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| Dated August 4 2020.   |  |                         | •                        |                       |                     |                         |  |             |
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| Oldstan Ophran   |  |                         |                          |                       |                     |                         | •                                      |             |
| Oldstan Ophan  |  | $\wedge$                |                          | ^                     |                     |                         |  |             |
| Signature of a member or authorized representative of a member   | Dated _                                      | Mignet                  | = 4                      | <u> </u>              | ·                   |                         |  |             |
| Signature of a member or authorized representative of a member   |  | $\bigcirc$ $\bigcirc$   | 01-                      | 0100                  |                     |                         |  |             |
| Signature of a member of authorized representative of a member   |  |                         | Lalron                   | 20h                   |                     | ire of a member         | <del> </del>                           |             |
|  |  |                         | . Signature (            | or a member or aumo   | rizeu representat   | ive of a thember        |  |             |
| Delatron Johnson   |  | Do                      | latra                    | Johns                 | 'nn                 |                         |  |             |