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(Requestor's Name)	
(Address)	60035340557
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	10/13/2001015028
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	Mary



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**55.00

COVER LETTER

Ö: Registration Se Division of Cor			
ЈВЈЕСТ: <u>2</u>	Pob LLC Name of Limi	ted Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
lease return all correspo	ondence concerning this matter t	to the following:	
	<u> </u>	Name of Person	
	<u>2ea</u>	b L(C Firm/Company	<u> </u>
	4237 MW	37 Avenue	
	Miam: F	F1 33/1/2 City/State and Zip Code	
	20000000000000000000000000000000000000	o be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	ıll:	
Matalie	Buer	at (205_) (690)-	1710
Name o	f Person	Area Code Daytime	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 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 Limite	d Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)	
e Articles of Organization for this Limited Lia	ability Company were filed on	21010	and assigned
is amendment is submitted to amend the follo	wing:		
If amending name, enter the new name of	the limited liability company here	:	
amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS)			
nter new principal offices address, if applica	ıble:		
rincipal office address MUST BE A STREET	TADDRESS)		
			<u> </u>
nter new mailing address, if applicable:			<u>~</u>
<u>tailing address MAY BE A POST OFFICE I</u>	<u> </u>		
		-	
1.	4 .	ords, enter the name of	the new registered
Name of New Registered Agent:	Matalie Bore	Σ	
New Registered Office Address:	4737 NW 57	Avenue	
	Miami	, Florida <u>F</u>	33142 p Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> removed from our records:

GR = Manager

1BR = Authorized Member

	<u>Name</u>	<u>Address</u>	Type of Action
Ω	Matalie Baez	4237 Mw 37 Avenue	J Add
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ffective date is lis	ther than the da ted, the date must be erted in this block date on the Depa	specific and cannot does not meet the	e applicable stati	filing or more tha atory filing requ	(option in 90 days after fil irements, this d	ing.) Pursuant to 6	05 0207 sted as
ord specifies a d iled.	elayed effective da	ite, but not an effe	ective time, at 11	2:01 a.m. on the	earlier of: (b)	The 90th day af	ter the
1 <u>69</u> /2	3/2020.	Breen		,			
	✓ Sig	nature of a member	or authorized rep	resentative of a m	ember		
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