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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Name Change

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Fice	5+ Cla-55 Lift Name of Lim	e Style 1 C	
	Amendment and fee(s) are sub	-	
	Jahrar	Name of Person	
	First Class	5 Life STYLE LL Firm Company	-C
	1129 NW 7	AVE Unit 510	
		OCIDE 33136 City/State and Zip Code	
	Jahfar Can	ple 11 0, ame i1. com	(ication)
For further information co	oncerning this matter, please ca	all:	15
Jahfar C	-ampbell Person	at (454) 422 Afea Code Daytime	2314) e Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303



January 14, 2021

JAHFAR CAMPBELL FIRST CLASS LIFESTYLE LLC 1128 NW 7TH AVE., UNIT 510 MIAMI, FL 33136

SUBJECT: FIRST CLASS LIFESTYLE LLC

Ref. Number: L20000212785

We have received your document for FIRST CLASS LIFESTYLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I sent an email on December 28th and again on January 4th but I have not had a reply so I am returning the document to you. You must submit the entire application you are missing page 2 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00000966

Diane Cushing Senior Section Administrator

www.sunbiz.org

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tirst Class Life	Style	1-LC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on or ibility Company)	ur records.)	— , , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L20000212795}$.	vere filed on <u>07</u> /	121/2020 =	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The MILAN Agency / C The new name must be distinguishable and common the words Limited Liability	y Company," the designat	ion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our record	s, enter the name of t	he new registere
Name of New Registered Agent:			
New Registered Office Address:	Illowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." icable: ET ADDRESS) registered office address on our records, enter the name of the new registered ess here: Enter Florida street address City Zip Code Registered Agent: red agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and		
	Enter Florida stre	eet address	
	City		O Code
New Registered Agent's Signature, if changing Registered Agent:	-		
	erformance of my di ovided for in Chapte	ties, and I am famili er 605, F.S. Or, if thi	iar with and s 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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an effect fo te: - If	e date, if other than the date of filing:	5.0207 ed as
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ated <u></u>	November II . 2020.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00