L20000215221

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D) : (C) (A) (A)
(Business Entity Name)
(DANI)
(Document Number)
Certified Copies Certificates of Status
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TO: Registration Sec Division of Corp			
SUBJECT: MIAM	Name of Limi	ME Truck LL ted Liability Company	<u>C</u> L20000215
The enclosed Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Lavaris	205 S Name of Person	
	MIAMI BIEE	2E Game Truck	L LLC
	21423 N.L	N. 13 CT #5	12
	MIAMI FI	City/State and Zip Code	
		NOO. COW . o be used for future annual report notific	
For further information co	ncerning this matter, please ca	dl:	
Lavario Name of	2055 Person	at (78U) 901 Area Code Daytime	523 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)
<u>Mailing Address</u> Registration S	ection	Street Address: Registration Sect	
Division of Co P.O. Box 6323	=	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

200002152

(A Florida Limited I	лавінtу Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigne
Florida document number		
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 "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	21423 NW 13	CT #5
(Principal office address MUST BE A STREET ADDRESS)	MIAM 1, FL 33160	i
Enter new mailing address, if applicable:	21423 NW. 13CT	#512
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 3316	j
B. If amending the registered agent and/or registered office a	address on our records enter the nam	e of themew red
agent and/or the new registered office address here:	ndress on our records, enter the nam	-11LE V 23
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	5:
	enter r toriaa sireet aaaress	
	, Florida	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
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Effective date	e, if other than the	date of filin	g:			(optional)) }
If an effective da	e, if other than the te is listed, the date mus ate inserted in this bl	t he specific and	d cannot be prio	r to date of filing	or more than 90	days after filing	g.) Pursuant to 60:
	fective date on the De				ring requirem	ionis, uns dan	. Will not be tis
e record specif rd is filed.	ies a delayed effectiv	e date, but not	. an effective t	ime, at 12:01 a	ı.m. on the earl	ier of: (b) T	ne 90th day afte
DatedN	<u>Jovember</u>	17	. <u>2020</u>	,			
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		/ / / / / /					
Dated	_ Laur	Signature of a	member or auth	orized represent	ative of a memb	ег	

Filing Fee: \$25.00