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## . COVER LETTER

D: Registration Section Division of Corporation				
•			•	
URLECT: JG	avi LLC	•		
OBJECT.	Name of Limite	d Liability Company	<del></del>	
The enclosed Articles of An	nendment and fee(s) are submi	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
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	,			
	ىل.	Name of Person	<del></del>	
		Name of Persoh		
		i ( ) ) (		
		Ciray LLC Firm/Company		
		Синиссопрацу		
	27	Sectivi non	C D	
	<u> ري</u>	38 TIKI Driv Address		
	Paramer	City Beach,	FL 32408	
		City/State and Zip Code		
		Fgray 9D@gn	nail.com	
-	E-mail address; (to	he used for future annual repo	rt notification)	
or further information conc	erning this matter, please call	:		
or there in order	criming in an initial provider con-			
labou Caran	•	850 \ E	390-0771	
Name of Pe	erson	Area Code 1	Paytime Telephone Number	
Enclosed is a check for the f	following amount: -			
☐ \$25.00 Filing Fee /	☑ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee.	
	Certificate of Status	Certified Copy	Certificate of Status &	
\		(additional copy is enclosed	Certified Copy (additional copy is enclosed)	
N. H 181		Pan		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL	32314	2415 N. M	onroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	LC ompany as it now appears on our reco nied Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Comparida document number <u>L 2000 224535</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>			
Enter new mailing address, if applicable:		728 DOT - 1		
(Mailing address MAY BE A POST OFFICE BOX)		S > 171		
(Mailing address MAT BE AT 03T OT TICE BOA)		10:39		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, <u>ento</u>	• • • • • • • • • • • • • • • • • • • •		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr	ress		
	, Florida			
<del></del> -	City	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.

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

IGR = Manager MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action
<u>IMBR</u>	Morgan Gray	3738 Tiki Drive	IZ/Add
	·	Pavama City Brack, FL 32408	□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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<del></del>			DAdd
			□Remove
			□Change
			□Add
			□Remove
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