# LZO 000241503

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## **COVER LETTER**

SUBJECT: <u>AT</u>	M A-PPA17 Name of Limited	EL LLC Liability Company	
The enclosed Articles of An	nendment and fee(s) are subini	tted for filing.	
	ence concerning this matter to		
	Dave Wi	Name of Person	
	ATM AF	PAREZ LLC Firm/Company	<del>_</del>
	1771 NW	26th Terrace	· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	3311
	Atmappa E-mail address: (to	vel 64 @ ama be used for future annual report notificati	III. COM
For further information cor	ncerning this matter, please cal	<b>1</b> :	
Dave Wi	Hiams IV Person	at ( <u>95U)</u> <u>Q37 - U</u> Area Code Daytime Te	1850 lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

Division of Corporations

TO:

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 Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2000241503</u>	ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab-	breviation "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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Stered Agent:  Giny  Enter Florida street address  Enter Florida street address  Florida  City  Stered Agent:  Gent and agree to act in this capacity. I further agree to comply with the mid complete performance of my duties, and I am familiar with and eed agent as provided for in Chapter 605, F.S. Or, if this document is istered office address. I hereby confirm that the limited liability	
	Enter Florida street address	
	Cim	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	·	9: 0:
orovisions of all situations of my position as registered agent as 1	provided for in Chapter 605, F.S. Or	, if this document is

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Dave E. Williams	IV	
			XIRemove
			Change
tmBR	Dave E. Williams	TV	Add
			□Remove
			□Change
			□Add
			□Remove
<del></del>			
			□Remove
			□Change
			□Add
<del>,                                    </del>			□Remove
			□Change
_			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:	0207 ( d as t
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.	the
Dated February 7th 2021	
Signature of a member or authorized representative of a member	
Pave Williams TV Typed or printed name of signee	

Filing Fee: \$25.00