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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	1010 CT	an Tark III	
SUBJECT:		ited Liability Company	
		nos manni, company	
The contend Amiden of	A	anisted for Cities	
The enclosed Afficies of	Amendment and fee(s) are sub	muca for ming.	
Please return all correspo	ndence concerning this matter	to the following:	
		is in t	
	Po	Name of Person	
		Name of Person	
		1000 (T > 700 1) C	
		1019 STUNIOS U.C. Firm/Company	
		` `	
	1000 Parkside	Green Drive	
		Address	
			- · · · · ·
	<u> </u>	City/State and Zip Code City/State and Zip Code Company (Company to be used for future annual report notification)	
	-T. 2-01	C 0 0 il (011	•
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all·	
4.			
Tollow	Meral Person	at (561) 526-3569 Area Code Daytime Telephone M) သ
Name 6	f Person	Area Code Daytime Telephone No	ımbe z
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Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.	00 Filing Fee,
	Certificate of Status	Certified Copy Cert	tificate of Status &
			tified Copy (tional copy is enclosed)
		`	
Mailing Addres	<u>ss:</u>	Street Address:	
Registration !		Registration Section	
Division of C	•	Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee 1	FL 37314	2415 N. Monroe Street, Sur	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limite	OG STO ed Liability Compan (A Florida Limited L	y as it now appears on our ability Company)	r records.)	
The Articles of Organization for this Limited Li Florida document number <u>L 2000 255</u> 1		were filed on <u>(2)\$ /</u>	19/2020	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w				
Enter new principal offices address, if applica	able: 25万	10th Ave N ,	Pr 1724	
Enter new principal offices address, if applica	T ADDRESS)	Lake worth	F1 33	4013
				<u> </u>
Enter new mailing address, if applicable:	7.5)	talle worth	AP1)209	<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Lake worth	F1 37 t	6 j
B. If amending the registered agent and/or reagent and/or the new registered office addres	<u>s here</u> :			
Name of New Registered Agent:	Kh.C	Y Mc Kenzic		
Name of New Registered Agent: New Registered Office Address:	in 10th 1	Finer Florida stre) 304 et address	
	Luke	worth	Florida	33461
	·	City	, 1 1011Ga	Zip Code
New Peristand Agent's Signature if changing D	Parrietared Accepts			

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.

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
MGR	KHIRY McKenzie	2520 luth Ave N	\$\frac{1}{2}\text{Add}
	1	18+)201 Lake worth	□Remove
		F1, 33461	□Change
MGR	Tedley Meralus	1060 Parkside Green Drive	🗆 Add
		1060 Parkside Green Drive APT D., Greenacres FL33419	☑Remove
			□Change
			□Add
		-	_ ☐Remove
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ffective date If the date	e inserted in this block ctive date on the Depa	ate of filing:	able statutory filing requ	uirements, this date) Pursuant to 605.02 will not be listed
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filed.	1/05/2023	3			
ord specific filed.	, , ,	gnature of a member or auth	oftzed representative of a r	nember	