## 120 000 257614

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone #)	
PICK-UP	WAIT M	AIL
(Busir	ness Entity Name)	
(Docu	ment Number)	· · ·
Certified Copies	Certificates of Status _	
Special Instructions to Fil	ing Officer:	<u></u>

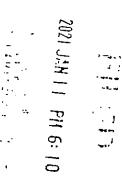




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## **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration Section Division of Corporations			
, <b></b>		. , , , ,	
SUBJECT:	Name of Limi	men	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for tiling.	
Please return all correspo	ondence concerning this matter (	to the following:	
	Marie	Jen	
	[ 121 2 7 =	Name of Person	<del></del>
			. (
	<u> </u>	Firm/Company	
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	0001 30	J 9 ST AP	<u> </u>
		- clair Fl	33312
	- 3 ( 7	City/State and Zip Code	
	} -	16.29.0	1 : 2
	E-mail address: (1	o be used for future annual report noti	fication)
For further information c	concerning this matter, please ca	ill:	
( aciene		્બદ્ય રવ્ય	242
Name o	of Person	at (954) 394 'Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
<i>0</i>	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailinn Addan		Street Address:	
Mailing Address Registration		Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632			`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 820120 20 Florida document number - 20000257614. 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 "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Munyer	Mariane lean	2627 Sw 9 st	BAdd
		Apt 3	□Remove
		Fort - and old k F1 33	312□Change
CEO	Mariene Jean	6627 Sw9 st	[]_A0[]
		inpt 3	□ Remove
(AMBR)		Fort Landordale F13	334□Change
Authorized	Madene Jean	2627 5 4 9 54	DAGU
Member		Fort Landerdale =1333	12□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change

mena	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i effecti <u>te:</u> If	date, if other than the date of filing:
s tiled	
ed	Marlan Je
	Martin Je
	Signature of a member or authorized representative of a member
	riminate Leso