L20000293385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100350928801

11/10/20--01807--015 **55.00

08/25/20 -01024 -021 -8855.00

2020 DEC 14 AH 9: 40

(D) - (E)

COVER LETTER

1 1 1 1 1 1

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Division of Corpo	orations		
SUBJECT: FILB	EST LLC.		
3000000	Name of Limited	Liability Company	
The enclosed Articles of A	mendment and fee(s) are submit	tted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
		BARTOLONI Name of Person	Ē
	FILBERT	- //	
		Firm/Company	
	J4J/NE	22 Nd AVE	<u> </u>
			-
	FORTLAUD	E12 DALE JFL City/State and Zip Code	34,08
	E-mail address: (to b	se used for future annual report notific	ration)
For further information cor	ncerning this matter, please call:		
CAROLINA	BARTOLOME	at (467) 373	8417
Name of I	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:	,	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So		Street Address: Registration Sect	ion

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMBENT 220	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4.267292935	were filed on SFAT 13, 26 Fand assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5451 NE 22.00 HVE
(Principal office address MUST BE A STREET ADDRESS)	FLURIDA 34565
Enter new mailing address, if applicable:	2020 [
(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, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
# ***********	Florida
New Registered Agent's Signature, if changing Registered Agent;	City Zip Code
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro-	performance of my duties, and I am familiar with ana

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

SANK

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

٠.

Title	Name	Address	Type of Action
· .·	·		□Add
			_ □Remove
			🗆 Change
			_ Zadd
			_ DRemove
		2020 DE C	_ 🗆 Change
			_ 🗆 Add
			∵ □Change
			_□Add
			_ El Remove
			_ DChange
···			_⊐Add
			□Remove
			_ □Change
			⊒Add
			□Remove

BENIGHE & RI	ナル1611	C/15/17	Vi //VA	NACING	11/6
				•	
					
1					
					
				 	
					
					2
					2020 DEC
		<u> </u>			
-			<u></u> -		
			-		<u> </u>
					ö
	***	- -			$\bar{\omega}$
	·· ·			 	
			<u> </u>		
		٠			
re date, if other than the date of fil ctive date is listed, the date must be specific	ling:	- C	(op	tional)	Z05.03
f the date inserted in this block does no	ot meet the applica	o date of filing of me ble statutory filing	re man 90 days an requirements, th	er ming.) rursuancto nis date will not be	listed :
nt's effective date on the Department of	of State's records.				
specifies a delayed effective date, but i	not un offective tiv	ae ar 12:01 am a	n the earlier of: t	h) The 90th day:	otter th
d.	nor an errective in	10, 40 12.01 4.31.	in the current this	try Tric your day	arrer 11.1
10/20	1,21	• }			
10/24	<u></u>	- : (` `			
10/24 L'andine	- <u>202</u>	white	ivis		
Signature o	f a member or author	nzed representative (of a member		-
_ CARONINA					

Filing Fee: \$25.00