LZO 000305403

(Requestor's Name)	
(Address)	80035
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/05/2:
(Document Number)	
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COVER LETTER

	Registration Section Division of Corporations
звјест	
	Name of Limited Liability Company
e enclos	sed Articles of Amendment and fee(s) are submitted for filing.
ase retu	irn all correspondence concerning this matter to the following:
	Name of Person
	1423 NW 3Ch Walt
	Laudemill FC 333/1
	City/State and Zip Code
r further	r information concerning this matter, please call:
	Name of Person at 95/, 2480395 Area Code Daytime Telephone Number
closed i	s a check for the following amount:
D \$25.00	O Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 as it now appears of (A Florida Limited Liability Company)	on our records.)
e Articles of Organization for this Limited Liability Company were filed on brida document number <u>L2000305403</u>	Tand assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here	;:
e new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
tter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	202
	. —
	· - T
iter new mailing address, if applicable:	. o [
ailing address MAY BE A POST OFFICE BOX)	<u> </u>
	-
If amending the registered agent and/or registered office address on our recut and/or the new registered office address here:	ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	i street address

gistered Agent's Signature, if changing Registered Agent:

eaccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and it obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ad to merely reflect a change in the registered office address. I hereby confirm that the limited liability has been notified in writing of this change.

City

Florida _

runnerized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records: GR = Manager MBR = Authorized Member Address Name AMBR Julia (Hirds 1403 NW 36th Way Lawderhill, Fr _____ □Remove _____ □Remove ____ Change Response _____ DChange ______ □Change _____ □Remove

______ Change

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