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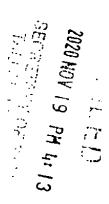
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12/22/20

SUBJECT:	51740	CO 220	
	Name of Lim	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	_ ,		
	DA	VID CON	0>
		Name of Person	
		Firm/Company	/)
	21050	NC 381	se #603
	. —	Address	
	Averlut,	4 7-6 33	190
	n.670	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	on concerning this matter, please c	all:	
DAJII	Covos	at (786), 325	0218
Nar	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
\$25,00 Filing Foo	c \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Se	
Division o P.O. Box (of Corporations	Division of Co The Centre of	
	ee, FL 32314		pe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	v as it now appear	s on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 10/27/2020 and assigned and assigned document number 42000337803					sigr
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "LLC" or the	ie abbrevia	tion "L.	J.J.
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
			SEC SEC	2 020 NO	_
Enter new mailing address, if applicable:			<u>:• = </u>		
(Mailing address MAY BE A POST OFFICE BOX)		_/_	<u> </u>	<u>Ф</u>	<u> </u>
		<u>/</u>	<u>: 54 </u>	<u></u>	.
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our re	ecords, <u>enter the r</u>	name of t	h <u>e gev</u>	<u>* r</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter Flor	ida street address			
	Cin	, Florida	i	o Code	
New Registered Agent's Signature, if changing Registered Agent;	-		,		
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 p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of . rovided for in C	my duties, and La hapter 605, F.S.	ım famili Or. if thi	ar wit s docu	th c imc

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	Name	<u>Address</u>	Type of A
AMBR	DAVID CONOS	21050 NE 38 AIR \$ 603 ANENTURA F/331	ØAdd
		\$ 603 ANENTURA F/331	<u>B</u> O □Remov
			□Change
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			☐Change

). If an	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note	tive date, if other than the date of filing:
cord is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte filed.
Dated	NOUR DET 13 2020
	-0-C
	Signature of a member or authorized representative of a member
	1201) COVOS
	Typed or printed name of signee