## 120000355367

(Requestor's Name)
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(Address)
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(Only State Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: De autr By Linora Hame of Limited Lial	bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	Howing:	
Marion on Haitia Calla Name of Person	<u>1000</u>	
Deauty By Linea Liber Firm/Company	-	
1100 Kings Rd #41521	202 Sec 1	
JackSprille H 30003 City/State and Zip Code	2021 APR 19 SECKLAHAS TALLAHAS	4
Boutuhura bout igula gral (- E-mail address: (to be used for future annual report notific	ation)	•
For further information concerning this matter, please call:		
Name of Person at 904	318 - 1519 Area Code & Daytime Telephone Number	
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, El. 32303	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

company By Line	va UC		
(Xame 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 Florida document number 2000 355767.	11/0/0		
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."			
the new name must be distinguishable and contain the words "Limited Liab	inty Company. The designation "ELC" or the appreviation "E.C.C.  1 LiA		
Enter new principal offices address, if applicable:	VIA		
(Principal office address MUST BE A STREET ADDRESS)	2021 Ta		
Enter new mailing address, if applicable:	NA PARTIES		
(Mailing address MAY BE A POST OFFICE BOX)	- I want		
	mil. u		
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:	ion Callona		
New Registered Office Address: 7643	Enter Florida struct additions		

## 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 Title Address Name **Type of Action** □ Change \_ ∐Change  $\square$ Add Remove \_ □Change  $\square$ Add \_\_\_\_\_ □Remove \_ □Change \_\_ □Add \_\_\_ □Remove

\_\_\_\_ □Change

Typed or printed name of signee