LZ0000 381170

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





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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	lorlda Co Name of Limited	A Lining Company	real++
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Sirge	Riscain+NZ Name of Person	
	Florida	Courti woutul Firm/Company	Realth
	13831 5.4	J. Ja H H 10 Address	060
	Mianj	FC 33182 City/State and Zip Code	
	Serge bissai	City/State and Zip Code 14 (1) 6 Way' 1 be used for future annual report notifica	· Cam
For further information con	cerning this matter, please call:		
Sevog Name of P	Biscaintle erson	at (30 T) 984- Area Code Daytime Te	8/27 Elephone Number
Enclosed is a check for the	following amount:		
₩ \$25.00 Filing Fee	□ \$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
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

Florida Continental Bealth

(<u>Name of the Limited Liability Company as it now apper</u> (A Florida Limited Liability Company)	ars on our records.)						
Principal office address MUST BE A STREET ADDRESS) The state of the new registered agent and/or registered office address on our records, enter the name of the new registered.							
A. If amending name, <u>enter the new name of the limited liability company l</u>	nere:						
The new name must be distinguishable and contain the words "Limited Liability Company." the	-						
Enter new principal offices address, if applicable:	.020						
(Principal office address MUST BE A STREET ADDRESS)							
	. 22						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>						
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registere						
Name of New Registered Agent:							
New Registered Office Address: Enter Flo	orida street address						

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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and ca	annest ha mai an ta dan		(optional))	
e: If the date inserted in this block does not me iment's effective date on the Department of Sta	et the applicable s	tatutory filing requ	irements, this date	will not be li	isted :
mon v orceive date var the repairment of the	ic arceraes.				
ord specifies a delayed effective date, but not a filed.	i effective time, a	t 12:01 a.m. on the	earlier of: (b) Ti	ne 90th day af	ter th
d December 16.	3080.				
13		representative of a m	ember		
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