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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!

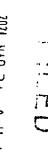
Office Use Only



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(2)

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT:	240 K Name of Limi	aze Tov Ested Liability Company	state LIC	
The enclosed Articles of Art	nendment and fee(s) are subt	nitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Rayma	onde Charlie Name of Person	<u>r</u>	
		Firm/Company		
	<u> 366 I l</u>	V. Forge Rol		
	Davi	City/State and Zip Code	Q8	
	E-mail address: (I	o be used for future annual report	notification)	
For further information con	cerning this matter, please ca	all:		
Raymonde (Name of P	har lier Erson		O-DQ 3 Lyytime Telephone Number	
Enclosed is a check for the	following amount:			
(L)\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	The Centre of	section Corporations of Tallahassee nroe Street, Suite 810	CELLED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q K (Name of the Limited	Liability Company as it now as Florida Limited Liability Compa	Tov Estate pears on our records.)	LLC
(A) The Articles of Organization for this Limited Liab		1/-//0	and assigned
Florida document number 121000		· 	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company,"	the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			<u>.</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		
B. If amending the registered agent and/or reg		ur records, enter the nam	e of the new registered
agent and/or the new registered office address	here:		
Name of New Registered Agent:	Fric H. Light	-, Rsg.	
New Registered Office Address:	301 Yama	to Rd Ste 12 r Florida street address	40
	Boca Rator	, Florida	3431 Zip Code (2)
New Registered Agent's Signature, if changing Re	gistered Agent:		Zip Code (3)
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	r and complete performand ered agent as provided for gistered office address, I k	ce of my duties, and I am f in Chapter 605, F.S. Or,	amiliar with and if This document is
		<u> </u>	4
	If Changing Registere	ed Agent, Signature of New Res	gistered 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>	Address	Type of Action
MGR	ALLEBAZ ILC	3661 V. Forge Rd, Davie, F/3	333 BAGG
			□Remove
			Change
1	Raymonde Charlie		□Add
			ERemove
			□Change
MGR.	Didies Desrouteaux		□Add
			Change
			□ Add
			□Remove
			□Change
			Add (9)
			Add Add Remove
		· · · · · · · · · · · · · · · · · · ·	D ☐ ☐ Change
			□Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional	tional sheets, if necessary.)
	
-	<u> </u>
	-
	
	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m cord is filed.	. 21
Dated $3/20/21$,	MAR 3
Signature of a member or authorized representati	ve of a member
Ray Non de Typed or printed name of signee	harlies