## L210000 20155

(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations			
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SUBJECT: 5	recondons Tr	adex L.L.C	<u> </u>
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
Trease recent air correspo			
		۸.	
		Ross Medlin	<del></del>
		Name of Person	
		Firm/Company	
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	191	9 SE 10th Aur, #	7109
		Address	
	Call	1.11 El 3331	1.
		-anderdale FL 3331 City/State and Zip Code	
	E-mail address) (4	Toncious Trades @ cooke used for future annual report notify	cation)
For further information of	oncerning this matter, please ca	M:	
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12055	Medi-	at (704) 305 - Area Code Dayrime	7 (O)
Name (	f Person	Area Cooc Daytine	. Terephone stanioes
Enclosed is a check for t	he following amount:		
			♥ 000 00 PNI - PN
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	★ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

Registration Section

TO:

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

New Registered Agent's Signature, if changing Registered Agent:	City Zip Code To
	; .
	; .
	Enter Florida street address
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
agent and/or the new registered office address here:	r~1
B. If amending the registered agent and/or registered office a	·
(Muning tutures) M/11 BE /11 OUT OF THEE BONY	Suite C Pembroke Pines, FL 33024
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	10081 Pines Blud.
(Frincipal office dataress MOST BE A STREET ADDRESS)	Pen-bioke Pines, FL 33024
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10081 Pines Bird. Suite C
The new name must be distinguishable and contain the words "Limited Liabih"	ty Company," the designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liabil	lity company here:
This amendment is submitted to amend the following:	
Florida document number <u>L21000020155</u>	
The Articles of Organization for this Limited Liability Company	were filed on Jan 7 <sup>th</sup> , 2021 and assigned
The Articles of Organization for this Limited Liability Company vi Florida document mumber	ry as it now appears on our records.) iability Company) were filed on

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ross Medlin	10081 Pines Blud Snite C rembroke Pines, FL 33024	\$\text{\$Add}
		1919 3E 10th Ave	
		Apt 4109 Fort Landardale, FL 33316	□Change
			□Add
			□Remove
			Change
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			Remove
		_ <del></del>	⊡Change
	<u></u>		⊡Add
			□Remove

алис	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ee .	(antique)
an eff iote:	ive date, if other than the date of filing:
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	Angust 2nd 2021.
	Signature of a mornber of authorized representative of a member
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