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10/11/21--01006--001 ++25.00

FILED

COVER LETTER



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Alghing (-1)
Name of Person
IC MINAGEPIELIT
Firm/Company
15160 OW MIG LANE
Address
111111, FL 33187
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call-

at $(\frac{786}{\text{Area Code}}) = \frac{877 - 1382}{\text{Daytime Telephone Number}}$ Name of Person

Enclosed is a check for the following amount:

SA \$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)

<u>Mailing Address:</u> 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 A		и — — — — — — — — — — — — — — — — — — —
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<u>IG</u> (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia		2021 OCT 11 PH 7:09 SECRETARY OF STATE INCLAHASCES, FURD
The Articles of Organization for this Limited Liability Company w Florida document number <u>L216006 24365</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili $\sum_{i=1}^{n} \frac{h_i}{A}$		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	N/A	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>ent</u> e	er the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street addi	ry.5.5
		Florida Zip Code

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 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
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			⊡Remove
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E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

NERGI 12 Dated_ Signature of a member or authorized representative of a member . _____ :[-1]11 Typed or printed name of signee