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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Nume)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Donr	Yaysa BRC	acewell
	Dai	NHYGIZL CO	<u>.</u>
	17730 NW	V 33Rd Ct	
	MIQMi GC	RATUS, FI. (City/State and Zip Code	33056
	Donnaus:	OBROCEWELLO to be used for future annual report notifi	Jyanoo Com
For further information c	oncerning this matter, please ca	all:	
Name o	V	1011 at 305 92 Area Code Daytime	2 773 6 Telephone Number
Enclosed is a check for th	ne 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

Name of the Limited Liability Compa	LCO.	
(A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 10004470	were filed on $\frac{1052}{3}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	ility company here: AFFCH LLC ity Company," the designation "LLC" or the ab	hreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17730 NW 33 MIAMI GAIRO 33056	ens FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17730 NW 33 MIAMI GAR 33056	PCAUS FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nam	e of the new registered
New Registered Office Address:	Enter Florida street address	<u></u>
	. Florida	
	City	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 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	Donnausia Bracewell	17730 NW 33Rd C+	ŒAdd
	o Rol Colvo II		□Remove
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lf an effecti <u>Note:</u> If	ive date is listed the date insert	er than the dat I, the date must be ted in this block ate on the Depar	specific and can does not meet	inot be prior to c the applicable	late of filing or m e statutory filin	ore than 90 day g requiremen	(optional) is after filing.) Pr ts, this date wi	rsuant to 605,0207 I not be listed as
record s	specifies a dela	iyed effective da	te, but not an	effective time	, at 12:01 a.m. (on the earlier	of: (b) The 9	0th day after the
Dated	4 c	13121						
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		Sion	ature of a mem	ber or authorize	ad representative	of a member		