## 121000048429

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

TO: Registration Section Division of Corporations	
Inbreakab	Je LLC.
SUBJECT:Name of Limited L	iability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
Alis	a Johnson Name of Person
	Firm/Company
9. Q: Bo	X 5901 Address
Deltona	TL. 32728
Snatchba	ny inc o yango. Con used for future annual report notification)
For further information concerning this matter, please call:	
AISA DAVISAD Name of Person	at ( <u>386)</u> <u>848 - 1815</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

of Status & Copy opy is enclosed) MAP The Centre of Tallahassee  $\infty$ 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 ç

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ARTI		AMENDME	NT		
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ARTICLES OF ORGANIZATION OF					
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linb	realcul	Je L	<u>LC.</u>		
( <u>Name of the Limited</u> (A	Florida Limited L	<u>iability Company)</u>	s on our records.)		
The Articles of Organization for this Limited Liab Florida document number $121000000$		were filed on <u>Ć</u>	1 26 20	2 and	assigned
This amendment is submitted to amend the follow	ing:				
	C	124			
A. If amending name, <u>enter the new name of th</u>	<u>ie innited liabi</u>	<u>iny company ne</u>	<u>re</u> :		
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the de	signation "LLC" or (	the abbreviation	"L.L.C."
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET )				-	
<u></u>					<u> </u>
					<u> </u>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	)X)				
		<u> </u>			(A)
		· · · ·		2021	
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office a	ddress on our re	cords, <u>enter the</u>	name often	new registered
agent and/of the new registered office autress i	<u>ici c</u> .		~	·	,i
Name of New Registered Agent:	Shan	ikua	Johnso	$\frac{1}{2}$ $\rightarrow$	
New Registered Office Address:	200	D Mor Enter Flore	UCYCLU ida street address)	Drige	<u>ک</u>
	Delt	ma	, Florida		138
Norm Desirtaneed America Characteristic for the second		City		Zip Co	de 🚬

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.

Menthur Arhur 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

AMBR Shawkwe Unitson 2000 Montevey Dr. add Dethong. EL. 30038 Grenove Change	<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ffective date, if other than the date of filing:	(optional) —	
an effective date is listed, the date must be specific and cannot be prior to date of filing or	r more than 90 days after filing.) Pursuant to 6	5 <b>05</b> ,0207
lote: If the date inserted in this block does not meet the applicable statutory fi	ling requirements, this date will not be I	isted as
ocument's effective date on the Department of State's records.		)
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	> m	

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.

Dated 103 09	2021	
	' a Ante	
	Signature of a member or authorized representative of a member	
	Atiza Johnzon	
	Typed or printed name of signee	

Typed or printed name of signee

Filing Fee: \$25.00

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