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(Requestor's	s Name)
(Address)	
,	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document I	Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
OV.	janic2020be	pauty LLC	
SUBJECT: <u>UY</u>		led Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Lorro	Name of Person	n
		Firm/Company	·
	260 N indus	Strialdrive #7	40931
	Orange C	ty, Fl, 32762 City/State and Zip Code)
	Raine V143	3 Quahw COM o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	H:	<u>-</u> - :
LOYFAIY Name o	ne Corcoran		-4656 Telephone Number
Enclosed is a check for the	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 Addres Registration 5		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Taltahassee, 1		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000100405</u>	were filed on $3/2/2$ and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited <u>liab</u>	• }
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	260 Nindustrial drive #74093 Ovange City, F1, 32763
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	260 N industrial drive #740931 Orange City, F1, 32763
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	rraine Corcoran
New Registered Office Address: 260 N	industrial drive #74093] Enter Florida street address
Ovo	ingl City Florida 32 763
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	Neveah Barbary	260 N industrial drive #740931	□Add
	Requesting for Neveah to be	Orange City, f1,32763	□Remove
	switch to the MGR and Lorraine to register ageni		Techninge
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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at the annual and		,	
effective date is listed, the	tan the date of filing:date must be prior to d	late of filing or more than 90 days aft	t ional) er filing.) Pursuant to 605,02
	n this block does not meet the applicable on the Department of State's records.	e statutory filing requirements, th	nis date will not be listed
	effective date, but not an effective time.	at 12:01 a.m. on the earlier of: ((b) The 90th day after the
filed.			
d			
J	 · 	•	