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(Red	questor's Name)	_
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PICK-UP	MAIT	MAIL
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(Bus	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to I	Filing Officer:	

Office Use Only



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8/4/21



COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT	Naima Did It
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Anne Balthazar
	Name of Person
	Firm/Company
	1544 SW 116th AVE
	Address
	Pembruke Pines, FL 33025 City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Anne Balt	morar at (305) 600 - 900 6 Area Code Daytime Telephone Number
Name of Per	son Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
Ճ \$25.00 Filing Fcc [□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect	ion Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Nama	pid It		
(Name of the Limited	Liability Company as it Florida Limited Liability	now appears on our records.) Company)	
incipal office address MUST BE A STREET ADDRESS)			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability co	mpany here:	
Enter new principal offices address, if applicat	ole:	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
		s on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	Anne	Batthazar	
New Registered Office Address:		Enter Florida street address	
		·	
	Cit	v	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>	Name	Address	Type of Action
			□Add
			□ Remove
			Change
			□ Add
			□ Remove
	<u> </u>		□Add
		W-Alex	□Remove
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in eff ote:	ve date, if other than the date of filing:	207 l as
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	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	hе
is fil	ed.	
		7
ated		-
	Signature of a member or authorized representative of a member	
	', ·	
	Signature of a member or authorized representative of a member	.5

Filing Fee: \$25.00