LZ1000148388

(Requestor's Name)
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(2.20.000 2.00)
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COVER LETTER

TO: Registration Section Division of Corporations		
Sich Bu	Line Yvette	
SUBJECT: JIGH 90	Name of Limited Liability Company	
·		
The enclosed Articles of Amendment and	I fee(s) are submitted for filing.	
	·	
Please return all correspondence concern	ing this matter to the following.	
	Julie Y. Nedd	
	Name of Person	
	Firm/Company	
h. 0	The American American	
<u> 100 1 </u>	E. Lowsiana Avenue	
	V-1	
	Tampa, FL 33610 City/State and Zip Code	
	City/State and Zip Code	
\ii_i	e. nedd @ Yaha. Com -mail address: (to be used for future annual report notification)	
J	-mail address: (to be used for future annual report notification)	
For further information concerning this n	natter, please call:	
Julie Y. Nedd	712 500 7117	
Name of Person	at (813) 597-7147 Area Code Davtime Telephone Number	-
Name of Cerson	Area code Payvine receptione realises	
Enclosed is a check for the following amo	ount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Fil Certifica	ing Fee & S55.00 Filing Fee & S60.00 Filing Fee te of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
D.O. Day 6227	The Control of Tallahanan	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sign by Juli	e Yvette	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L21000148388</u>	y Company were filed on March 30, 3	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the I Signed By Julie Velle, The new name must be distinguishable and contain the words "I		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	19
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 Persons) authorized to manage, exter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
			[DAdd
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
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			[]Change
			IRemove
			II Chanes

 		
		
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(If an effective Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date date inserted in this block does not meet the applicable st effective date on the Department of State's records.	
he record spen ord is filed.	cifies a delayed effective date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	()	
Dated	Signature of a member or authorized r	representative of a member

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Filing Fee: \$25.00