LZ1000186536

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
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		}

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CILLIA

COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT: K	EGANT LIM	OUSINE SERVI	ER LOLLU /10
SUBJECT:	Name of Lim	ited Liability Company	E 10 49 ME
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yajair	Webster Name of Person	
		Firm/Company	
	1209 AV	2 H Address	<u>.</u>
	FOA Pien	e FL 3499	50
	101 BC	City/State and Zip Code E Z H yahoo to be used for future annual report noti	tication)
For further information c	oncerning this matter, please co		
Yaiaira 1	Ne loster	at (772) 828-	5575
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1506 110

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 20086536	were filed on $4/21/202$	und assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The ne timest be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	obreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
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 nam	₹ <u>₹</u> ₩
Name of New Registered Agent:		(2) (2)
		3 3 5
New Registered Office Address:	Enter Florida street address	
	. Florida	05
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

II acost

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.

Ugara Webster
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	Yajaira Webster		□Add
	v		□Remove
		1209 Ave H Fort Piero FL 34950	Change
			m
			□Remove
			🗆 Change
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Effective date, if other than the date of filing: 5-1-2. (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Parsiant to 605,0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date on the Department of State is records. Dated May What What The growing amount of single.		
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Filing Fee: \$25.00