KZ1000218411

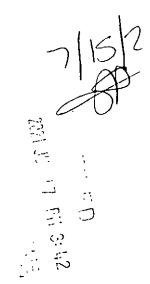
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	(f)
PICK-UP	MAIT	MAIL
(Ви	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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06/17/21--01019--008 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Flori	da
	Enter Florida street address	
Name of New Registered Agent:		
ent and/or the new registered office address here:		3EV 12
If amending the registered agent and/or registered	d office address on our records, enter th	نې <u>e name of the new registe</u>
Mailing address MAY BE A POST OFFICE BOX)		
nter new mailing address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDI	RESS)	
nter new principal offices address, if applicable:		
e new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
nis amendment is submitted to amend the following:		
orida document number L21000218411	 ·	
	Company were filed on 05/11/2021	and assigned
ne Articles of Organization for this Limited Liability C		
e Articles of Organization for this Limited Liability C	ity Company as it now appears on our records.) a Limited Liability Company)	

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
Title CEC	KAPLAN, JILL R	8702 BLAZE COURT DAVIE, FL 33328	🗆 Add
			= Remove
			🗆 Change
Title AP	SANCHEZ, WENDOLYNN	2740 S OAKLAND FOREST DR #1103OAKLAN	
			Remove
			□Change
AMBR	KAPLAN, JIEL R	8702 BLAZE COURT DAVIE, FL 33328	= Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
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factive date if other than	the date of filing:	(ontional)
te: If the date inserted in the	the date of filing: must be specific and cannot be prior to date of filing or more is block does not meet the applicable statutory filing rene Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
ecord specifies a delayed effe is filed.	ective date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
ted JUNE 14	. 2021	2021 3111
	Aill Ranch	
	Agpature of a member of authorized representative of a	

Filing Fee: \$25.00