# 121000358123

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400370584314

08/16/21--01048--010 \*+60.00

SEE AUG 15 FX 4: 18

Ku

## **COVER LETTER**

ΓΟ: Registration Se Division of Cor			
SUBJECT:	Flor & T	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Flornis	Se Jose Joh Name of Person	
		Firm/Company	
	3511 Her	rick Ln d	
	Margate	FL 33063	·
	Flor Joyard E-mail address: (1	City/State and Zip Code  Com  o be used for future annual report notifications.	ation)
For further information co	oncerning this matter, please ca	ill:	
Flornise.	USeph Person	at ( <u>954</u> ) <u>628</u> ( Area Code Daytime T	elephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 2100358123</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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

f 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 Type of Action Address Title <u>Name</u> MGR Jean Roudy Romain 721 NE 30th pompano Standa □Remove MGR Flornise Joseph 3511 Merrick Ln Margate WADD □Remove  $\square$ Add □Remove □ Change \_\_ □Remove

\_\_\_\_\_ Change

□Add

□Remove

\_\_\_\_\_ □ Change

<u> </u>	
	<u></u>
<del>.</del> .	
	<u> </u>
	<del></del>
ctive date, if other than the date of filing:	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 6
: If the date inserted in this block does not med ment's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be li
ord specifies a delayed effective date, but not ar filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at
1 08/11/21.	
Signature of a me	mber or authorized representative of a member
_	-