L23000 144 627

(Requestor's Name)	
(Address)	—
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, , ,	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	_
Special lastructions to Filips Officer	
Special Instructions to Filing Officer.	

Office Use Only



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· COVER LETTER

TO:

Registration Section

Division o	of Corporations			
	e Venture Management I.	LC		
SUBJECT:		Name of Limi	ted Liability Company	·
The enclosed Artic	les of Amendment and fe	e(s) are subr	nitted for filing.	
Please return all co	rrespondence concerning	this matter t	o the following:	
	Alec Dierna			
			Name of Person	<u> </u>
			Firm/Company	
	600 Fairway D	rive Ste 206		
			Address	.
	Deerfield Beac	h, FL 33441		
			City/State and Zip Code	
	alec_dierna@ya		be used for future annual report no	sistems:)
For further informa	tion concerning this matt		·	ancanon
Alec Dierna			585 7388164 at ()	
`	Same of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check	k for the following amoun	t:		
■ \$25.00 Filing I	Fee □ \$30.00 Filing Certificate o		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registra	Address: tion Section		<u>Street Address:</u> Registration So	ection
Division	of Corporations		Division of Co	rporations
P.O. Box Tallahas	x 6327 see, FL 32314		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number $\frac{1.23000144627}{1.23000144627}$	iability Company	were filed on $\frac{03/21/202}{}$	3 and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	
Enter new principal offices address, if applic	able:		2021 APIR
Principal office address MUST BE A STREET ADDRESS)			2 9 · ·
			1 12
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		600 Fairway Drive	Pi1 3
		Ste 206	- - 24
		Deerfield Beach, Fl. 33	441
3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	*, ·		, <u>enter the name of the new regi</u>
	600 Fairway Drive Ste 206		
New Registered Office Address:		Enter Florida stree	et address
	Deerfield Beac	h	Florida 33441
		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

mending 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
		·	□Remove
			□ Change
			□Remove
			□Change
			
			□Remove
			☐ Change

nal) iling.) Pursuant to 605.0207 date will not be listed as
The 90th day after the
•

Typed or printed name of signee