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| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IN NOSE DECI | The Company of the second of t |
|--|--|
| (<u>Name of the Limited Eiabi</u> (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) |
| | |
| The Articles of Organization for this Limited Liability | |
| Florida document number <u>L2300044135</u> | <u> </u> |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | RESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registerongent and/or the new registered office address here: | ed office address on our records, enter the name of the new registered |
| agent and/of the new registered office address here: | |
| Many of New David and Agent | |
| 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:

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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 Title Name Address Type of Action Elie Rophie BAZIN Remove daughter Stephame R Alexie 3301291431/eetsW Xremove Lettigh Agras FR33976 ⊈E'hange Williams EBAZINS 3301291h Street SW XRemove LeHigh Aerus Fil 33976 Son Steven, APCXIS \square Add 33012919Sticet & W XRemove LOHIGH ACCS FIG 339 DChange \square Add □Remove □Change \square \wedge ddRemove

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