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. (Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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TO: Registration Se Division of Cor	ction porations		
SUBJECT:	Miss's Canana Name of Limit	ed Liability Company	
	<u></u>	ou <u></u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Thams	Oni	
		Name of Person	
		Firm/Company	
	303 5	MELYUG AK	
		PA, Fr. 3360L	
		City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notificate	ion)
For further information c	oncerning this matter, please ca	all:	
O my	Ovi f Person	at (<u> </u>	elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Industry (Name of the Limited Liability	NMANN UUC Company as it now appears on	our records.)
(A Florida I	Company as it now appears on limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability C	ompany were filed on 4/	and assigned
Florida document number L030600 28060		7
<u> </u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor'L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>
		AH.
		7 1 2 1. 2 1. 2 1. 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		→ 12: 5
		7
B. If amending the registered agent and/or regist		records, enter the name of the new
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Enter F	lorida 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title MVnm	Mame Thoms Ont	Address 303 S. MELVIUR Au TAMPA, 12. 33606	Type of Action Add Remove
			Add Remove
		TALLAHASSEE, FLORIDA	Remove
		DA T	Remove
			Add Remove
			Add

). If ame - -	ending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)		
_ 	Signature of a member or authorized representative of a member Thomas Unit			
	Typed or printed name of signee			
	Page 3 of 3	•		
	Filing Fee: \$25.00	SECRETARY OF STATE FALLAHASSEE, FLORIDA	13 OCT 21 PH 12: 57	- ר ר