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COVER LETTER

Division of Corpor			
SUBJECT: WA	KSHO EN TE Name of Limited	ERTAINWENT ILiability Company	<u>LLC</u>
The enclosed Articles of Ame	endment and fee(s) are submit	tted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Antime -	Name of Person	
-		C Finterton Magr	nt LCC
	7311 73 rd	Na V	
-	wost Palm	City/State and Zip Code Veat + O a Man Code we used for future annual report notification	3407 cm
_	E-mail address: (to b	be used for future annual report notification	n)
For further information conce	erning this matter, please call:		
Antine Name of Per	Torratt	at (SG) SY-Y Area Code Daytime Tele	phone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	2 \$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 Com Florida Limite	pany as it now d Liability Con	appears on our recording	<u> </u>
The Articles of Organization for this Limited Liab Florida document number <u>L. 99000</u>	oility Compar	y were filed	on <u>(13/2</u>	7/2009 and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the new name must be distinguishable and contain the work	TAL	MAN	AGEMEN	
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET A				2020
Enter new mailing address, if applicable:			· . - -	S.
(Mailing address MAY BE A POST OFFICE BC				<u> </u>
B. If amending the registered agent and/or registered and/or the new registered office address between the new registered office address between the new registered of the new registered agent and/or the new registered agent and/or the new registered of the new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered agent		e aduress on	our records, <u>emer</u>	r the name of the new registered
Name of New Registered Agent: New Registered Office Address:	7311 West	7.3 rd	COAL ner Florida street addre. GEACH, Fl	—

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 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
 			
			□ Пепюче
			☐ Change
			□Add
			□Remove
			☐ Change
			
			□Remove
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			\square Add
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			☐ Change
			□ Add
			□Remove
			□ Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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(If an effective Note: If the	date, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed. Dated	Mune 10 . 2020
	Signature of a member or authorized representative of a member
	Articine Typed or printed name of signee