1/27/2021

Division of Corporations



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | | |
|---|---|---|-------|
| The Articles of Organization for this Limited Liability Company v Florida document number L18000238450 | were filed on 10/17/18 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | | |
| The new name must be distinguishable and contain the words "Lamited Laabeli | ty Company," the designation "LLC" o | or the abbreviation "L.I., C." | |
| Enter new principal offices address, if applicable: | | | • |
| (Principal office address MUST BE A STREET ADDRESS) | - Barrian and production from the same of | 20 | |
| | | JAN | 4 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2 2 2 2 | |
| | | <u> </u> | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter th | ne name of the new regis | stere |
| Name of New Registered Agent: | | <u> </u> | |
| New Registered Office Address: | Enser Florida street address | | |
| | Flor | ricla | |
| | Cire , F101 | ridaZıp Code | |

New Registered Agent's Signature, it 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:

From, Yanet Avila

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|--|--|----------------|
| AMBR | MINYON DECHELLE HOGAN | | []Add |
| | | \$110 LEM TURNER ROAD SUITE 2 | □Remove |
| • | | JACKSONVILLE, FL 32208 | |
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| ffective date, if other than than effective date is fisted, the date in ote: If the date inserted in this occument's effective date on the | ust be specific and cam block does not meet | not be prior to date the applicable s | of filing ar more than | (optional) 90 days after (liling.) Pursu ements, this date will a | ant to 605,0207 (3 of be listed as th |
| record specifies a delayed effect is filed. | ive date, but not an c | effective time, a | . 12:01 a.m. on the c | artier of: (b) The 90th | day after the |
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Typed or primed name of signee