L19 (CC 173258

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COVER LETTER

Division of Co			
SUBJECT: Be-	fixin Enjel	a Mart L	_C
	Name di Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subj	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zena V	Name of Person	
	Accounting	At All Cost I	nc
	3115 Spring	Glin Rd # S	504
	Dacksonvil	PFL 32257 City/State and Zip Code	
	Safatallo	o be used forditure annual report no	iffication)
For further information c	concerning this matter, please ca	П:	
ZERU U Name o	Person	$\frac{1}{\text{Area Code}} = \frac{4 (904)}{\text{Area Code}} = \frac{566}{\text{Daytin}}$	- 7 14 9 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

"DEFIXIL ENGIC	1 Mart UC
(Name of the Limsted Liabili (A Florid:	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L\9000173388</u>	Company were filed on 103 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	S 8
the new name anserte distinguishance and contain the words. Unit	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS) ○ □
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
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:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Merry G. Asgedom	623 University Blud M	<u> </u> □Add
		Jacksonville, FL 32211	Skemove
			□Change
			🗆 Add
			□ Remove
		TALLARASS	DRemove 2019 DEC 12 DH 61-39
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Tective date, if other than in effective date is listed, the date ofter. If the date inserted in this ocument's effective date on the	is block does not meet the ap	pplicable statutory filing re	(option) than 90 days after file equirements, this d	al) ing.) Pursuant to 6 ate will not be I	605.0207 isted as (
ecord specifies a delayed effective is filed.	ctive date, but not an effecti	ive time, at 12:01 a.m. on	the earlier of: (b)	The 90th day at	fter the
ned 12/10/2010	<u> </u>	·			
	Signature of a member or		a member		
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