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TO: Registration S Division of Co				
SUBJECT:	brary on Bec Name of Lim	LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Phillip M M	Mame of Person		
	_Staps7cks.C.	Green LCC Firm/Company		<u>_</u>
	27/2 Glenvie	Address		
	Panama City			
	Phillmmer E-mail address: (	cer Egmail. Com to be used for future unnual r	Creport notification)	<del></del>
For further information	concerning this matter, please c	all:		
Philip M	ucer	at ( <u>850</u> )	276-2925	
/ Name	of Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for t	the following amount:			
St \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Ad Registra	Idress:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Lie brary on Beca	ny as it now appears on our records.) Liability Company)
(Name of the Elimited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $8/26/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2712 Glenview Avenue = Panama City, FT 32405 = 7
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 the name of the new registered
Name of New Registered Agent: Phillip V	M Mercer Enview Avenue Enter Florida street address
New Registered Office Address: 27/2 Cle	nview Avenue
<u>Panama.</u>	City Florida 32405  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>	Name	Address	Type of Action
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f an effective date is I <b>Note:</b> If the date it	other than the date of fili listed, the date must be specific a nserted in this block does no we date on the Department o	and cannot be prior to date t-meet the applicable st	of filing or more than 90 day	(optional) ys after filing.) Pursuant to 6 its, this date will not be li	605,0207 isted as
record specifies a d is filed.	delayed effective date, but r	not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day at	fter the
Dated <u>Nover</u>	nber 11th	. 2021			
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	(// 2)/-//				
4	Signature of Phillip M M.		representative of a member		

Filing Fee: \$25.00