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COVER LETTER

Division of Corporations				
SUBJECT: ESSCINS	Sud Elea Name of Limite	ments for the ed Liability Company	mind Body	
The enclosed Articles of Amend	ment and fee(s) are subm	nitted for filing.		
Please return all correspondence	concerning this matter to	the following:		
	Rochelle	Andralls Ki Name of Person		
<u></u>		Firm/Company		
	1279 The	enderbot cou	ut	
<u>. </u>	Tacksonvi Ssensuc	City/State and Zip Code J E lements @ be used for future annual report notifi	amail. com	
For further information concerni			cat io n)	
	-		1 7 7 7	
Name of Person	drou vi SKI	at (678) GIU (Daytime	+ 33] Telephone Number	
Enclosed is a check for the follow	wing amount:			
	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		Street Address: Registration Sec		
Division of Corpora P.O. Box 6327	itions	Division of Corp The Centre of Ta		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTRACTOR OF COMPANIES OF THE LAND CORP. A COURT OF

(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Torida document number 1.20000280123	ompany were filed on 9/8/2020	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ed liability company here:	7020 NOV
he new name must be distinguishable and contain the words "Limit Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRE		abbreviation "L.L.C."
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:	office address on our records, enter the na	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cin	Zin 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 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
<u>AMBR</u>	Bochelle Andralisti	9279 Thunderbolt Court	XAdd
		Jacksanville, Fl 3222	Remove
			Change
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			Change
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			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated November 2. 2020. Reduction

Signature of a member or authorized representative of a member

Rochelle Androll SK1

Typed or printed name of signee