## 121000293402

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Eciruam Ex			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Megan Fuentes		
		Name of Person	
	ZenBusiness Inc		
		Firm/Company	
	5511 Parkcrest Dr Suite 20	7	
		Address	
	Austin, Texas, 78731		
	•	City/State and Zip Code	
	fulfillment@zenbusiness.co		
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	aH;	
Megan Fuentes		844 493-6249 at ( )	
Name o	f Person	at () Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
	Section		

P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the first of the second

Zip Code

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and the state of t	
iny as it now appears on our records.) Liability Company)	
were filed on 06/24/2021 and assigned	
ility company here:	
lity Company," the designation "LLC" or the abbreviation "L.L.C."	
401 East Jackson St	
Suite 2340	
Tampa, FL 33602	
401 East Jackson St	
Suite 2340	
Tampa, FL 33602	
rampa, r.E. 3300/2	
address on our records, enter the name of the new i	
Enter Florida street address	
. Florida	
1	

## 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.

City

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

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Trial -		21 DEC -6 Ph 3. 1	<u> </u>
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maurice A Davis	401 East Jackson St	
		Suite 2340	□Remove
		Tampa. FL 33602	<b>≡</b> Change
AMBR Sharon Davis	Sharon Davis	401 East Jackson St	□Adđ
		Suite 2340	□Remove
		Tampa, FL 33602	<b>≡</b> Change
			□Add
		<del></del>	Remove
			□Change
			□Add
			Remove
		<u>.                                    </u>	□Change
	<del></del>		□Add
			□Remove
			□Change
			🗆 Add
			□ <b>P</b> ormovo

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	211:	
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<del></del>		
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Defective date.	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 lock does not meet the applicable statutory filing requirements, this date will not be listed.	0207   d as
record specifies a delayed effective d is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	2021	
/s/ Sharon Davis		
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00