(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

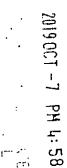
Office Use Only

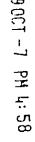


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COVER LETTER

ΓO: Registration S Division of Co			
SUBJECT: <u>Re</u> S	Sent ment "LLC" Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Nephthaii	Ladou CEUR Name of Person	
	Resent		
	1210 Pae	ker Den Or Address	
	Buskir	FL 33570 City/State and Zip Code	
	Neonty E-mail address: (1	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	itt:	
Nepothali Name	Ladouceur of Person	at (<u>813</u>) <u>330 – 3</u> Area Code Daytim	5977 te Telephone Number
Enclosed is a check for	the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Resentment LC " (Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>Li900049849</u> .	were filed on $\frac{2/20/2019}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
Nephthali 1 of 12 "L	LLC"	<u>.</u>
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)		
		<u>. </u>
	· • • • • • • • • • • • • • • • • • • •	,
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	2
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<i>لل</i> . —
	58	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e ne
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			
			□ Remove
			Change
			Remove
		Remove	
			□ Change
		□ Remove	
			Change
			
			☐ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
If an el Note:	tive date, if other than the date of filing: OFFORE 44, 7019 (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 4th 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00