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O SIMMONS MAY 27 2021

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CT: Adria Phylise Male and Talent Name of Limited Liability Company	
The en	losed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Hdria Johnson Name of Person	
	Firm/Company	
	4501 N. 20th ST	
	TAMPA, FL 33610  City/State and Zip Code	
	E-mail address: (to be used for fiture annual report neglification)	
For fur	ner information concerning this matter, please call:	
(.	Name of Person at (\$13) 325-(eb 34)  Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
□ S2:	.00 Filing Fee Solution Solution Status Solution Status Solution S	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## .. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2677 Kana

Adria Phyllise	Model .	and Folenfuc
(Name of the Limited Liability Com (A Florida Limited	<u>pany ay it now appear</u> d Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LO20062</u> 2	ny were filed on	8/29/02 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	1	
The new name must be distinguishable and contain the words "Limited Lial	by Viv Company "the de	esignation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<i>N/A</i>	The second of the debt evidence in the second of the debt evidence in the second of the debt evidence in the second of the secon
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, enter the name of the new registered
Name of New Registered Agent:	<del>}</del>	
New Registered Office Address:	Enter Flori	da 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 amending Authorized Person(s) authorized to manage, enter the title, name, and ad	idress of each person	being added
or removed from our records:		

MGR = Manager AMBR = Authorized Member

•	
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<u>Title</u>	<u>Name</u>	Address 22 HAR 25 PM 5: 44	Type of Action
			□Add
			□Remove
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			□Remove
			□ Change

	, enter change(s) here: (Attach additional sheets, if necessary.)
	2022 MAR 25 PH 5: 44
	CI.
Effective date, if other than the date If an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Department.	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 oes not meet the applicable statutory filing requirements, this date will not be listed as th
e record specifies a delayed effective date rd is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 3/22/2021	
Signa	dure of a member or authorized representative of a member
	Typed or printed name of signee