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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
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Office Use Only 5. C. 06/29/21



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COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: S †	C. M.S. Ris	de Liability Company			
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
		Stant Name of Person D = 1	ord		
	- Stans	s Ride 1			
	7511-	Firm/Company 56 Ave	NICO		
	2710				
	St. Peters	Address Dirg FLA. City/State and Zip Code	33714		
-	Stanforddo E-mail address:	(1) (2) (1)	O, COM	2021	Ö
For further information conc	erning this matter, please c	all:			-
David St Name of Pe	iantord,	at (72") 45 Area Code Da	58-4406 Lytime Telephone Number	100 EXY 27 A II:	J
Enclosed is a check for the fo	ollowing amount:			2น	
S25.00 Filling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address: Registration Sec	tion	Street Addres			

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

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	ited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L050009493</u>	oany were filed on <u>S</u>	ept 27, 5	7002 and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited l	Liability Company," the de	signation "LLC" or the	ne 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:		··· ·		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		53	•
			2 2	~*
B. If amending the registered agent and/or registered of	ice address on our re	cords, enter the i	1	new register
agent and/or the new registered office address here:			=	زر
Name of New Registered Agent:			211	
New Registered Office Address:				
trew registered office reducess.	Enter Flori	da street address		
		, Florida		
	Ciry		Zip Co	xde
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp				

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>	<u>Name</u>	Address	Type of Action
Mgr	Evelyn Whitlock	·	□Add
		501-49 Ave NO	Remove
			□Change
Nor.	David Stanford	2516-56 Ave NO	XAdd
			□Remove
			□Change
			□ Add
			☐Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			S □ Add •
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ffective date, if other to an effective date is listed, the kote: If the date inserted ocument's effective date	e date must be specific and this block does no on the Department of	and cannot be prior to t meet the applica f State's records.	date of filing or mo ble statutory filing	re than 90 days after fi requirements, this o	ling.) Pursuai late will not	be listed as
record specifies a delayed is filed.	l effective date, but n	iot an effective tin	ne. at 12:01 a.m. oi	n the earlier of: (b)	The 90th d	lay after the
	~	2021				
ated May 2	<u> </u>	- ' <i>可</i> (3マ)	_ ·			
	Dariel	Starf	ized representative o	fa member		