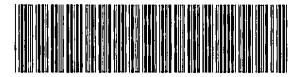
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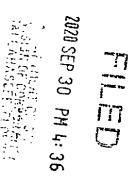
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Special Instructions to F	iling Officer:	





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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Ma		ited Liability Company	ting, LIC
Γhe enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	T	Name of Person The Company	1 al Cookacting
	Pr	5 Dox 300	933_
		City/State and Zip Code	30730 anail. Con
For further information co	E-mail address: () oncerning this matter, please ca	to be used for fut (re annual report not) all:	ification —
Name of	500000 Person	at (30) 350 Area Code Daytim	He Telephone Number
Enclosed is a check for the	e 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 Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Con The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 6	y were filed on <u>21</u>	AO OO and assign	ed
This amendment is submitted to amend the following:			obreviation "L.L.C." SE 30 Ph 1 1 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designati	on "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			77
(Principal office address MUST BE A STREET ADDRESS)		Tigit ω r	er e.
Trincipal office dualess MOST BLASTREET ADDRESS			7
		y == y	
			المشاية
Enter new mailing address, if applicable:		a	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records	, enter the name of the new re	egistere
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this capaci	ty. I further agree to comply	with th

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, 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
190	BrianStrickland	257Roban Rd Alt Springs FC	□Add
O		Alt Springs FC	Remove
		32001	□ Change
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
-			Change
			□Add
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			□Remove
			□Change

		
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effective de e: If the c	te, if other than the date of filing:	
cord speci i filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
ed	9121, 2020. Will Miss () ()	
_	Signature of a member or authorized representative of a member	