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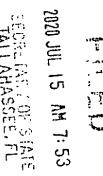
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Co	rporations	-	•		
SUBJECT:	nofat LL Name of Limi	ited Liability Company	· 		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Evelyn Shofat	Name of Person  LLC  Firm/Company			
	5906 C	us Stewar	t Rol		
	Lakelance CCSIGQ E-mail address: (1	City/State and Zip Code  City/State and Zip Code  Code	310 Optification)	SECRETA TALLA	2020 JUL 15
For further information of	concerning this matter, please ca	all:		75	5
Evelyn	Kader		D - 965 ime Telephone Number	SEE FL	AH 7: 53
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified Ce (additional co	of Status &	
Mailing Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shotat_					
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on o bility Company)	ur records.)		
The Articles of Organization for this Limited Li Florida document number 17000	ability Company w	ere filed on	22/2019	and assign	ed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designa	tion "LLC" or the ab	breviation "L.L.C.	•1
Enter new principal offices address, if applica	able:			2020 SEE	
(Principal office address MUST BE A STREE	T ADDRESS)		· <del>-</del>	声声	
Enter new mailing address, if applicable:	,			ANASSET.	
(Mailing address MAY BE A POST OFFICE)	<u>80X)</u>			F 33	)
B. If amending the registered agent and/or reagent and/or the new registered office address	12	dress on our record	ls, <u>enter the nam</u>	e of the new re	gistered
Name of New Registered Agent:	E rely	2 C K	ader .		
New Registered Office Address:	5906	Enter Florida str	vart Rd		
	1 akelo	City	Florida	338/9 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, 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>	<del></del>	Type of Action
AMBR	Erelyn C Kador	5906 Gus Stewards Lakeland FL 33812	Z X Ndd
	·	Laheland FL 33812	□Remove
			□Change
			□Add
			□Remove
			Change
			D∆dd
			□Remove
			Change
		<del></del>	🗆 Add
			□Remove
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			[]Remove
			□Change
			🗀 Add
			□Remove
			□Change

	e(s) here: (Attach additional sheets, if necessary.)
Amendina Eve	Jun C Kader as Authorized
meniber. O	Jyn C. Kader as Authorized
Bank wants no	rme to Show as on ID
	o C Kader.
	<del></del>
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If an effective date is listed, the date must be specific and canno <b>Note:</b> If the date inserted in this block does not meet the	ot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3), the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's	s records.
record specifies a delayed effective date, but not an ef d is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 7/13 . 5	1000.
Signature of a memb	per or authorized representative of a member
Evelyn C Ka	der

Filing Fee: \$25.00