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Amend

MAY 1.3 2020 LALBRITTON

COVER LETTER

TO: Registration of	on Section Corporati	ons		. 9
SUBJECT:	akwell	Companies Name of Limi	LLC ted Liability Company	
		lment and fee(s) are sub-		
Please return all cor	respondence	concerning this matter t	to the following:	
	_	LINDA SMO	Name of Person	
		_	npanies, LLC Firm/Company	
	_	12158 Mand	arin Rd. Address	······
		Jacksonvill	City/State and Zip Code Kwell Companies. Coop be used for future annual report notions.	
		Linda @ oa E-mail address: (t	Kuell Companies. Co o be used for future annual report noti	fication)
For further informat		ing this matter, please ca		
LINDA	SMOAK ame of Perso	n	at (<u>904</u>) <u>710 –</u> Area Code Daytim	8 39 1 te Telephone Number
Enclosed is a check	for the follo	owing amount:		
♀\$25.00 Filing F	ec 🗆	\$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)
<u>Mailing A</u>	ddress: tion Section	ND.	Street Address: Registration Sc	ction
_	of Corpo		Division of Co	
P.O. Box			The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Companies LLC d Liability Company as it now appears of A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lie Florida document number <u>LD700095</u>		19 2007 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica Principal office address MUST BE A STREE	able:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	LINDA D. SMOAK 12158 Mandarin	
iton itoginered solitor reduced.	Enter Florida	street address
	City	Florida 32223

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.

9 . n.A. n/

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James M. Smoak	12158 Mandarin Rd.	🗆 🗖 🗖 dđ
		Jacksonville, FL 32223	<u>ERe</u> move
			Change
			□Ađd
			□Remove
			Change
			□Add
		-	Remove
		······································	□Change
			□ Add
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			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			(TChunga

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
·		
		
Note: If the	date, if other than the date of filing:	207 I as
rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated	H23 Linda D. Annoak Signature of a member or authorized representative of a member LINDA D. SMOAK Typed or printed name of signee	
	Linda D. Amoak Signature of a member or authorized representative of a member	
	1 To Sound	