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T. MATTHEWS NOV - 4 2021

COVER LETTER

Name of Limited Liability Company	•
at and fee(s) are submitted for filing.	
cerning this matter to the following:	
Kristing Sabol Name of Person CVD - Mc Fintancisco LLC	
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
his matter, please call:	
Sabal at (813) 998-4028 Area Code Daytime Telephone Number	
g amount:	
tificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status &
Street Address: Registration Section Division of Corporations	
	E-mail address: (to be used for future annual report notification) this matter, please call: Sabal at (813) 996-4028 Area Code Daytime Telephone Number

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 007 27 PH 1: 12 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L 0 9 0000 38117 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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		21.12	
<u>Title</u>	<u>Name</u>	Address 21 007 27 Fit 1: 12	Type of Action
AMBR	Brian Sabol	123 Wansley Rd Jackso	Nrulli DYgg
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n effecti o <u>te:</u> If t	ate, if other than the date of filing:	
ecord sp is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fer the
ited	October 1 . 2021.	
	Kristina Rena Sabel	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member KRISTINA Renee Subol	