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(Re	questor's Name)	
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8/23/21

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Monica L Name of Limi	Hentschel, ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Monica	17em 15c	hel
	Monica	L Hentsch Firm/Company	e), LLC
	3030 Har	tley Road	Suite 150
	Jacks	City/State and Zip-Code	1 32257
	MONICO E-mail address (t	o chate title	tification)
For further information co	oncerning this matter, please ca	all:	
MONICA Name of	Hentschf/ Person	at (<u>909)</u> 2 Area Code Daytin	CO - S > 2-7 ne 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 Comp (A Florida Limited	tents (help LLC) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/00012536</u> 7	y were filed on $\frac{1}{2} \frac{\partial}{\partial x} - \frac{1}{2} \frac{\partial}{\partial y} = \frac{1}{2} $
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3030 Hartley Road
(Principal office address MUST BE A STREET ADDRESS)	Suite 150
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Fl 32257 3030 Hartley Road Suite 150 Jacksonville, Fl 32257
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 5030	Startley (COG) Suite 150 Enter Florida street address
Jac	KSONVIIIL Florida 32257 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 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
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.ffective (date, if other than the da	te of filing: 8 3 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	(options	d) ng) Pursuant to 605 0207 (
Note: If the		does not meet the applicable statu		
ocument	s effective date on the Depa	timent of State's records.		
record sp	ecifies a delayed effective d	ate, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after the
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Dated	3 -3	, 2021		?
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	Sig	gnature of a member or authorized repr	esentative of a member 5	—.
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Filing Fee: \$25.00