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OCT 2 2 2021 A RAMSEY

COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return ail correspo	ndence concerning this matter	to the following:	
	LYDIA MCKITTY		
		Name of Person	
		Firm/Company	
	16 CROSSWAY DR	Time company	
	- CROSSWAT DR	Address	
	DEER PARK, NY 11729		
		City/State and Zip Code	
	fyerc@aol.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
FAY MITCHELL		631 680-4863	
Name of	f Person	Area Code Daytime	r Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section **Division of Corporations**

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

FILED

2021 OCT 12 AM 10: 47

(Name of the Limit	ted Liability Company as i (A Florida Limited Liability	now appears on our records.) Company)	TALLAHASSEE, FLORI
The Articles of Organization for this Limited L Florida document number L13000131428	iability Company were	filed on SEPTEMBER 17, 20	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability c	ompany here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Cor	npany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	CROSSWAY DR	
(Principal office address MUST BE A STREE	DE	ER PARK, NY 11729	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	0		e name of the new registered
 	228 GEORGETOWN	DR APT F	
New Registered Office Address:		Enter Florida street address	
	CASSELBERRY	Flori	da 32707
	C	ity , 1 to 1	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CDI FLORIDA LLC

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>	Address	Type of Action
MGR	LYDIA MCKITTY	16 CROSSWAY DR	= Add
		DEER PARK, NY 11729	
			□ Change
AMBR	FAY P MITCHELL	16 CROSSWAY DR	≡ Add
		DEER PARK, NY 11729	□ Remove
			□ Change
AMBR	ERICA MCKITTY	228 GEORGETOWN DR APT E	
		CASSELBERRY, FL 32707	□ Remove
			□Change
MGR	DONOVAN MCKITTY	2250 BEDFORD AVE	
		BROOKLYN, NY 11226	=Remove
			□Change
			□Add
		_	□Remove
			□Change
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