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(Requestor's Name)	
(Address)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

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**

JAMES HLAN S	E CORIT	JLLC.		
(Name of the Limited) (A)	Liability Compan Florida Limited Li	y as it now appears on our records.) ability Company)	ļ	
The Articles of Organization for this Limited Liabi	lity Company v	were filed on $\frac{03/12/2}{2}$	014	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of the	e limited liabil	ity company here:		
NÍA		- : <u>-</u>		
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation "LLC" o	or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable		NA		
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	PO BOX 230 SAINT LOUIS,	Mo	63123
B. If amending the registered agent and/or regis	ere:		e name	of the new registere
Name of New Registered Agent:	_/V///			
New Registered Office Address:	N/A	Enter Florida street address	IT.	
	•			39
_	<u> </u>	, Flori	0a	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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>	Address	Type of Action
MER	JOHN BONIS	1911 DELAWARE AVE FI	2/01B 34769 □Add
			Remove
			□Add
			□Remove
			□Change
			□Ađd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 -	- $ -$
-	——————————————————————————————————————
/	
(If an effective Note: If the	date, if other than the date of filing:
the record specord is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated/	10/2/2020 2020
	Signature of a member or authorized representative of a member
	JAMES Alay ANTERIO Typed or printed name of signee