## L15000034434

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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11/02/20--01034--009 \*\*30.00



12/11/20

TO: **Registration Section Division of Corporations** UE JACA RANDA Name of Limited Liability Company -The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE

	City	Zip Code
		Florida
New Registered Office Address.	Enter Florida stre	eet address
New Registered Office Address:		
Name of New Registered Agent:		
3. If amending the registered agent and/or registered office igent and/or the new registered office address here:	address on our records	s, enter the name of the new registere
	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
PRIESTER HOME	ESLLC	
A. If amending name, enter the new name of the limited liab	bility company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L15 0000 34 434</u> .		
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{2\int'}{}$	241/20156SFFFFFF

## 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 Changing Registered Agent, Signature of New Registered Agent

		0 1
or removed from our rec	cords:	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	11/4		□ Add
			□Remove
			Change
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			Change

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Effect	ive date, if other than the date of filing:(optional)
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is f	led.
	15/20/2020
Dated	10/29/2020
	·
	Signature of a member or authorized representative of a member
	Trecale Hearn