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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





07/19/21--01015--004 \*\*25.00





## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
	TECHNOLOGIES LLC					
SUBJECT:	Name of Limit	ted Liability Company		_		
The enclosed Articles of	Amendment and fec(s) are subn	nitted for filing.				
Please return all correspo	ndence concerning this matter t	o the following:				
<i>.</i>	Charles A. John					
		Name of Person		<del></del>		
				<del>الله</del>	202	
		Firm/Company		ACE.		7
	526 Coppitt Dr S			AHA	_ 19	F
		Address		JSSE FOF	2021 JUL 19 PM 2: 08	
	Orange Park, FL 32073			STA E, FI	2: (	
		City/State and Zip Code		m m	8	
	catanuba24@gmail.com  E-mail address: (t	o be used for future annual r	eport notification)			
For further information of	oncerning this matter, please ca		***************************************		· Mysses.	
Charles John			6031			
Name o	f Person	at () Area Code	Daytime Telephone Nu	mber	_	
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifi			ee, tatus & enclosed	)
<u>Mailing Addres</u> Registration		<u>Street Ad</u> Registre	Idress:			
Division of Corporations P.O. Box 6327		Division	n of Corporations			
		The Cer	ntre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our r I Liability Company)	ecords.)
y were filed on 04/02/2015	and assigned
bility company here:	
bility Company," the designation	"LLC" or the abbreviation "L.L.C."
<u></u>	
	<u> </u>
	FILED JUL 19 PH 2: 0 RETARY OF STAT NLLAHASSEE, FL
e address on our records, <u>e</u>	enter the name of the new registe
·····	
Enter Florida street o	address
2000.	
	_, Florida
	e address on our records, o

## 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

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
			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be per lf the date inserted in this block does not meet the apument's effective date on the Department of State's recomment.	pricable stat	filing or more that utory filing requ	(opti n 90 days after irements, thi	filing.) P	ursuant    not b	to 605.03 be listed
cord specifies a delayed effective date, but not an effective filed.	ve time, at 1	2:01 a.m. on the	earlier of: (t	o) The s	90th day	y after t
ed July 14th 2021						
1 / C / /	/		_			
——————————————————————————————————————			rember			
CSignature of a member or	authorized rep	presentative of a r	101110-01			