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ტეგე, ენ -ნ.ნ.ნ -მლე - ჯალენანი

2520 At 3-17 Fit 7: 20

OCT 0 2 2020

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Kar. Smith Name of Person		
	<u> </u>	Name of Person	
		Firm/Company	
		+ Augustine, FL City/State and Zip Code	32095
	E-mail address: (fee(s) are submitted for filing. Ing this matter to the following: Kor Smith Name of Person	
For further information cor	ncerning this matter, please ca	all:	
	Smith	at (<u>941</u>)	525-0675
Name of t	Person	Area Code Da	aytime Telephone Number
Enclosed is a check for the	following amount:		
\$\$.\$25.00 Filing Fee ■ Comparison of the comp		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations		
Tallahassee, Fl			onroc Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

TO ARTICLES OF ORGANIZATION OF

Kari Ann (Name of the Limited	South Mo L Liability/Company as it nov Florida Limited Liability Co	LC ZSZJA: w appears on our r	ecords.) 117 7 2 Û
The Articles of Organization for this Limited Liab	pility Company were file		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability com	pany here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Compar	ny." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	n our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	Kari Ano	Smith	<u></u>
New Registered Office Address:		Enter Florida street o	address
			, Florida
	City		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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ne record speci ord is filed.	ifies a delay	ed effective	date, but r	not an	effective tim	e, at 12:01	a.m. on th	e earlier (of: (b)	The 90th da	y after the
		·L 12			2020	. •					
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Dated	Augus	1 13	Signature of	Amu f a mem	th nber or authori	zed represer	itative of a	member			·