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SECRETARY OF STATE ALLAHASSEE FLOSIE

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COVER LETTER

TO: Registration Section Division of Corpora		111, (1	engel, LCC
SUBJECT: 5	0 1/9 10 1 1/1	m70114 JT	engel, LCC
	Name of Limit	ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
	Owen	Sokolof	
_	Sokolof	Name of Person	Stensel, 1LC
_	224 Datura	Street, Sit	515
_	West Rlm	Beach, FL 3	13/101
_	oso kolif@f	City/State and Zip Code	
		•	(Choungaron)
For further information conce		1: at (<u>56)</u> , <u>50</u> Area Code E	07-5252
Name of Pers	on	Area Code D	Daytime Telephone Number
Enclosed is a check for the fol			
S25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	□ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corports P.O. Box 6327 1 Tallahassee, FL 3	prations	The Centre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OI	f	
Sokolot Rembulle	Stengel, LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on 12 Jul 120 /3	and assigned
Florida document number <u>L15 000 201 736</u>		
This amendment is submitted to amend the following:	_	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
Sakolat Rentulla, FL	.LC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		NIC BZD
(Principal office address MUST BE A STREET ADDRESS)		
		0.00
		- FLOS (100 € 100
Enter new mailing address, if applicable:		<u>93: 9</u> 51: 2
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a	ddress on our records, enter the r	name of the new registered
agent and/or the new registered office address here:	the control of the co	William Teginere
N. CN. D. C. A.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 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
			
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live date, if other the flective date is listed, the d If the date inserted in ment's effective date or	i this block does not r	neet the applica	o date of filing or n ble statutory filin	opt (opt fore than 90 days afte g requirements, th	ional) er filing.) Pursuant to is date will not be	605.0 listed
rd specifies a delayed e led.	effective date, but not	t an effective tir	ne, at 12:01 a.m.	on the earlier of: (h) The 90th day :	after (
MoreL	30	. 2020	<u>.</u>	-7		
	Signature of a	member of autho	rized representative	of a member		-
		,	slot			

Filing Fee: \$25.00