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COVER LETTER

TO: Registration Division of C		ı	
subject: <u>\(\frac{\frac{1}{2}}{a}\)</u>	Name of Li	CES LLC mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
	Chay	Thomas Name of Person	
		Firm/Company	
	2731	Floral Rd	
		City/State and Zip Code 55561@gmail. (to be used for future-dimusal report not)	
For further information	E-mail address: n concerning this matter, please		fication)
Charles	Thomas e of Person	at (<u>561</u>) <u>951-9</u> Area Code Daytim	STAT e Telephone Number
Enclosed is a check to	r the following amount:		TARC PER
☑\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	.~
Registratio		Registration Section of Con-	
P.O. Box 6	Corporations 327	Division of Cor The Centre of T	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 4/27/20	and assi	gned
Florida document number <u>L160003617</u> 4		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 -	·

		 -
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	me of the new	registered
	767	
Name of New Registered Agent:		:
New Registered Office Address:	[. ~ -
Euter Florida street address		<u>; ; ;</u>
, Florida _		
New Registered Agent's Signature, if changing Registered Agent:	CZip Codes	

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
MGR	Thomas, Chay	2731 Floral Rd	□Add
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Filing Fee: \$25.00