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T. MATTHEWS NOV 10 2021

COVER LETTER

TO:

FO: Registration Se Division of Cor			
SPRIECTS JC	SAIR LIC		
30000001 <u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	J	Name of Person	
		Name of Person	
		Firm/Company	
			•
	<u></u>	SF 27 TH Ter	
		Address	
	CAPEC	OIAL FL 33904 City/State and Zip Code	/
	TCFFC	GC//C/OLL G GMAI to be used for future annual report not	L.com
	E-mail address: (to be used for future annual report non	dication)
For further information c	oncerning this matter, please c	all:	
TOFF GO	((11)	or (236) 246	-3812
Name o	f Person	at (239) 246 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
🔀 \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	untina
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	•
Tallahassee.			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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<u> </u>	<u>'</u> <u>C</u>		-	· · · -
(Name of the Limited)	Liability Compan Florida Limited L	ny as it now app hability Company	<u>ears on our records</u> y)	<u>.</u>)
The Articles of Organization for this Limited Liabi				
Florida document number 8/-53 5 85	364		, ,	
This amendment is submitted to amend the following	.ng:			
A. If amending name, <u>enter the new name of th</u>	<u>e limited liabi</u>	lity company	here:	
The new name must be distinguishable and contain the word	s "Limited Liabili	ity Company," th	e designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET)	<u>(ADDRESS)</u>			· · · ·
Enter new mailing address, if applicable:				
•	13.5		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BO	ΔI		_	
B. If amending the registered agent and/or regi		ddress on ou	r records, <u>enter t</u>	he name of the new regi
agent and/or the new registered office address h	<u>iere</u> :			
Name of New Registered Agent:				
Name of New Registered Agent.	<u> </u>			
New Registered Office Address:		Enter I	Torida street address	
New Registered Office Address:				ridaZip Code

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	21 KTT - 1 PH 3: 1	5 Type of Action
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ective date, if other than effective date is listed, the date: If the date inserted in the cument's effective date on the	e must be specific and cam his block does not meet	not be prior to date of the applicable stat	Thing or more than 9	(optional) 0 days after filing.) Pur ements, this date will	suant to 605.0207 not be listed as
cord specifies a delayed eff s filed.	ective date, but not an e	effective time, at 1	2:01 a.m. on the ca	rlier of: (b) The 90	th day after the
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ed 10/25/21	utt				