L16000175018

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



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SECRETARY OF STATE

1219/20

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Wo hit dee Mark L. C. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Della Landfear |
| Della Landear Real Estate |
| 4231 Rebble Pointe Dr |
| Lakelard, Th. 33513 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Della Landfear at (Sed) (28.8057 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) Cadditional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| | • | 2020 NOV 25 | 5 PM 5: 10 |
|--|--|---------------------------|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited 1 | ny as it now appears of Liability Company) | n our legans) / [] | Y SEE, FL |
| The Articles of Organization for this Limited Liability Company Florida document number 16000175018 | | <u>-19-30</u> | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab. The new name must be distinguishable and contain the words "Limited Liabiletic li | LC/ | | abbreviation "L.L.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 a agent and/or the new registered office address here: | address on our reco | ords, <u>enter the na</u> | ne of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida | street address | |
| | 2,,,,, | | |
| | City- | , Florida _ | Zip Code |
| Now Registered Agent's Signature if changing Registered Agent: | | | |

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 |
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| ective date, if other than the date of filing: | (optional) be prior to date of filing or more than 90 days after filing.) Pursuant to | |
| effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the | be prior to date of filing or more than 90 days after filing.) Pursuant to applicable statutory filing requirements, this date will not be | 605,020 listed (|
| ument's effective date on the Department of State's | ecords. | |
| ourd emphiliae a delayad officitive date. but not an offi | ective time, at 12:01 a.m. on the earlier of: (b) The 90th day a | after th |
| s filed. | | |
| ed Nov 23 20 | | |
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| $(/ \wedge N)$ | ' In with the comment | |

Filing Fee: \$25.00