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(Re	questor's Name)	<u> </u>
	dress)	
(,	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	(*)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	——————————————————————————————————————	





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. COVER LETTER

TO: Registration Se Division of Cor				
Cynthia Bu SUBJECT:	tcher LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cynthia Butcher			
		Name of Person		
		Firm/Company		2021
	238 E Rose Ave	Thir company	RETAI	2021 JUL 28
		Address	SSTI TO AN	
	Orange City, FL 32763		in co	PM 2: 05
	cynbutcher@gmail.com	City/State and Zip Code		05
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	
Cynthia Butcher		386 588-9597		
Name o	f Person		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 Certificate of Certified Co (additional cor	of Status & opy
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Fallahassee oc Street, Suite 810	

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our record d Liability Company)	<u>s.</u>)
ny were filed on 11/15/2016	and assigned
bility company here:	~)
	1021 SEC
bility Company," the designation "LLC	or the abbreviation "L.L.C."
	28 T
	- 2
	2: 05 E.FI.
e address on our records, <u>enter</u>	the name of the new registe
Enter Florida street addres	·s
, Flo	orida Zip Code
	ability company here: bility Company," the designation "LLC e address on our records, enter Enter Florida street address, Florida street address

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 A	gent, 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	Тур	e of Action
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				lRemove
				Change
			SECF TAI	Remove
			UL 28 ETARN LAHA	Remove
			ETARY OF STATE	Change
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ective date, if other than the date of filing:		(optional)	
effective date is listed, the date must be specific and cannot be prior to date :: If the date inserted in this block does not meet the applicable s	e of filing or more than	90 days after filing.)	
ument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the e	arlier of: (b) The	: 90th day after th
filed.			
$\frac{1}{20}$ $\frac{10}{2021}$			
	D		
Signatury of a member or authorized	8 01K		