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(Business Entity Name)					
(Document Number)					
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2019 J.D. - 1 Ph 1: 29

MMC

JUL 1 5 2019
I ALBRITTON

COVERECTION TO: Registration Section Division of Corporations SUBJECT: 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: Address City/State and Zip Code E-mail address: (to be used for future annual report notificat) Name of Person Daytime Telephone Number

For further information concerning this matter, please call:

Enclosed is a check for the 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:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assign Florida document number 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.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 address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of A Ferrell Neton til tonia Circle Add □ Remor Chang 1813 HI Hania Clackerada Britany □ Add ☐ Remov ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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(If an effective date is Note: If the date	f other than the date of file listed, the date must be specific inserted in this block does no ive date on the Department of	and cannot be prior to da of meet the applicable	ite of filing or more than 9		
	ifies a delayed effective		n effective time, at	12:01 a.m. on the ea	rlier (
Dated	ne 25	2019			
ط	Sub-state of	a member or authorized	f representative of a mem	bei	
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Page 3 of 3

Filing Fee: \$25.00