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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)	
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## **COVER LETTER**

): Registration Section Division of Corporations
DRJECT: Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Jophia Griffin
Name of Person Sults, LLC Firm/Company
2539 Curson Jaks Drive
Jacksonville, FL 32221
E-mail address: (to be used for future annual report non-freation)
or further information concerning this matter, please call:    Sold   So
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee.\$  Certificate of Status \$\Certified Copy (additional copy is enclosed) \$\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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF.	
(Name of the Limited Liability Company)	a; it now appears on our records) MIII/Ah 14 17
(A Florida Limited Liab	offity Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on UTI ber 10, 11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y 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:	
• • •	177 6
(Principal office address MUST BE A STREET ADDRESS)	
<del>-</del>	
	2 m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	<u>``</u>
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: .	re address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
non registered office rudices.	Enter Florida street address
	Florida

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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Type of Action Title 5051 Playpen Dr #13 \_□ Change \_□ Add \_□ Remove \_\_\_\_\_ Change \_□ Add \_\_ 🗆 Remove \_ Change □ Add ☐ Remove \_\_ Change □ Add □ Remove □ Change \_□ Add □ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please make Ralph Williams 100%
E. Effective date, if other than the date of filing: 44944 J. J. J. J. (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Junium 15 2019.
Signature of a member of authorized representative of a member  Typed or printed name of signee

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Filing Fee: \$25.00