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(Re	equestor's Name)	
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## **COVER LETTER**

SUBJECT:	Property Name of Lin	nited Liability Company	NENTS CLC
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DAMILEON	A ATT AWAY Name of Person	
	4D Propers	hes of MUSTMENTS Firm/Company	- LLC
	2621 Son	drego Rel	
	SACKSONVIll	City/State and Zip Code	
	hopepropo E-hail address: (	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co		
Dansen A	HH Awey Person	at ( $\frac{\cancel{G}\cancel{0}\cancel{4}}{\text{Area Code}}$ ) $\frac{\cancel{J}\cancel{0}\cancel{0}}{\text{Daytime}}$	Telephone Number
Enclosed is a check for the	e 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

TO:

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 Limit	ted Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number <u>L 1700</u>		5-31-17 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here	:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	DAMIEN A	ATTAWAY & TI
New Registered Office Address:	2621 Sandies Enter Florida	street address
	SACKSOnville	Florida 572287
Non Designated Asset? Cimpana 'Falani' - T	Carlos and Assert	S. Agesta

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 Kogistered 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		JAX EL 32207	Remove
		<del></del>	Change
MCR	Sherrell ATT AWAY	2621 Sindrego Rd	
		JAT EC 32207	Remove
			Change
MBR	Damieona Attowy	2621 Sandiego Rd	Add
		SAY PC 32207	Remove
			Change
MGr	DAMIEN Attaway	2621 Sandiego Kd SAr T-C 32207	S C D Add
		SAX FC 32207	Remove 1
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Filing Fee: \$25.00