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OCT 21 2020 M. SOLOMON

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: _Giya	nel Publication: Name of Lim	5 L.L.C. ited Liability Company			
	Amendment and fee(s) are sub indence concerning this matter				
	Mr. Takoy	Name of Person			
	Giyma	d Publications LL Firm/Company	<u>C</u>		
	<u>Po</u> 130	Address		2020	
	Chiefland	City/State and Zip Code		SEP 10	
	<u> Siyrel address: (</u>	cations @ amail. (fication)		[]
For further information c	oncerning this matter, please co	all:		2.24 3.103.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0	
Lishia Do	f Person	at (<u>904</u>) <u>330 -</u> Area Code Daytime	4373 e Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing I Certificate of Certified Copy tadditional copy is	Status & y	
Mailing Addres	880	Street Address:			

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

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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 17000136604	
This amendment is submitted to amend the following:	PH 2: 21
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	222 w Park Ave Ste 2 Chiefland, Fl 32626
Enter new mailing address, if applicable:	PO BOX 2
(Mailing address MAY BE A POST OFFICE BOX)	Chiefland, FI 32644
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Crice	r, Taboya D
New Registered Office Address: 222 L	DOCK AVE Ste 2 Enter Florida street address
_Chieflo	City Florida 3210210 Zip Code

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 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
AR	Osledine T. Sheppard	7707 Merrill Rd Ste 1117:	⊋_ □Add
		Jacksonville, FL 32277	IVRemove
AR_	Lishia Davis	222 W Pork Ave Ste 2	[\sqrt{Add}
		Chiefland, Fl 32626	Remove
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ective date, if other than the date of fili effective date is listed, the date must be specific a e: If the date inserted in this block does not ument's effective date on the Department of	nd cannot be prio meet the applic	r to date of filing of a cable statutory fili	more than 90 days after	r filing.) Pursuant to	605.0207 (listed as t
cord specifies a delayed effective date, but notified.	ot an effective t	ime, at 12:01 a.m	on the earlier of: (b	o) The 90th day a	ifter the
d September 8	. <u>202</u> 0	<u>) </u>			
	- 1 /				

Filing Fee: \$25.00