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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FORT & MULLER'S FIRM, LLC 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:
KARINE FORT MULLER Name of Person
FORT & MULLER'S FIRM, LLC
502 NTAMPAST
TAMPA, FC 33602 City/State and Zip Code
SAMARIACAFE & OUTLOOK. Co M E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karine Fort Muller at (813) 570 3664 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional cupy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

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

Street Address: 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 Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 118 2017 and assigned Florida document number 117000153638	
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) TAMPA, FL 33602	
/Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) SOLNTAN PH STREET TAN PH, FL 33 602	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	
Name of New Registered Agent: EXCRIFINELL GAL and TOX SERVICE New Registered Office Address: 601 WAShley DX Stell 60 Enter Florida street address	ر ح
Sampa, Florida 33602	

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 Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u> M GR	Name KARINE FORT MULLER	Address 502 N TAMPA STRE	Type of Action
	7,000,7	TAMPA, FL 33602	
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Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	specific and cannot be prior to date of filing or more than 9 does not meet the applicable statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 (3) ments, this date will not be listed as the
the record specifies a delayed effective date cord is filed.	e, but not an effective time, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after the
Dated May 12 th	3021.	
Sign	autire of a member or authorized representative of a member	, , , , , , , , , , , , , , , , , , ,
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