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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

FO: Registration Sec Division of Corp			`
SUBJECT:		ession's LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Jesse Carl	
		Name of Person	
		Firm#Company	on's LLC
	Λ	Jena Road	
		City/State and Zip Code	
	J.) K pm an a C E-mail address (to Dia hoo. Con	fication)
For further information co	ncerning this matter, please ca		
Jesse Curl	n	at (<u>727)</u> 992-6 Area Code Daytina	527
Name of	reson	Area Code Daytim	e Telephone Number
Enclysed is a check for the	following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cupy (administratory is enclosed)	D \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclused)

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

<u> </u>	13 LLC	
(Name of the Limited Liability Come (A Florida Limited	iany as il new appears en er i Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number 11700195596	y were filed on Aug	15+ 30, 2017 and assigned
Torica document manaci		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company here:	
	•	
The new name must be distinguishable and contain the words "Limited Link	ulity Company," the designat	non "LLC" or the abbreviation "LLC."
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 or registered agent and/or the new registered office address he.		records, enter the name of the new
the second of th	<u>rr</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	net address
	Cirv	Florida Zin Code
New Registered Agent's Signature, if changing Registered Agent	•	
	_	

If Changing Registered Agent, Signature of New 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 factoment is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liquility.

company has been notified in writing of this change.

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

MGR = Manager

AMBR = Authorized Member

<u>Title Name Address</u>	Type of Action
MGR Kelly Curl 9201 Jena Road	_D Add
Sprins Hill FL 34609	_ 🛘 Rensove
	Change
AMBR Jesse Curl 9201 Jera Road	D Add
Spring Hill FL 34609	_O Remove
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Filing Fee: \$25.00