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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SURJECT: VOLUM	STA HOW MITHIN	2 FIGGINERIUS, LL	ک
(OD)(CT:	Name of Lim	PESSIXERIAG, LLI ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jase R	E. AUNETZ ROLON Name of Person	
		Name of Person	
	Vaussa Hour	Firm Company	ELERNY TTC
	1154-	TREADWAY DR. Address	
	<u>V-urou</u>	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ail;	
JAK RING	JATHER, ROLDS	at (ネタチ ) 93D-	4 (3 S
Name o	(Person	at (구경구) 역조D- Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears	s on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	10/11/2017	_ and assigned
Florida document number <u>L1700011037S</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	v Company." the de	signation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		202)
Enter new mailing address, if applicable:			J/W - 6 PH
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our re	ecords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	CID		<i>ray</i>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p			

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, 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>	<u>Address</u>	Type of Action
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ctive date, if ot	her than the date of f	iling:	(0	optional)
effective date is list	ed, the date must be specific	e and cannot be prior to date	of filing or more than 90 days :	after filing.) Pursuant to 605.020
	erted in this block does n date on the Department		atmory ming requirements,	, this date will not be listed ;
ord specifies a de	elayed effective date, but	not an effective time, at	12:01 a.m. on the earlier of	f: (b) The 90th day after th
filed.	•			
d John	ry Oya	_, <u>2021</u> .		
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	Simatora	) a member or authorized r	representative of a member	
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