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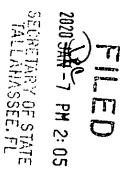
		
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Special Instructions to	Filing Officer:	
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J. Shal

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: \(\)CAY	Name of Limi	IK W., LLC ned Liability Company		
	Amendment and fee(s) are sub-			
	-	mes Tickyl Name of Person		
		Firm/Company		
		Oak Terrale Address	2	BODIQUE JEI
		City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	1. com	
James Tic	concerning this matter, please co	at (615) 414-	SSEE, FLE 2: 05 ac Telephone Number	Ö
Enclosed is a check for t	he following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	

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

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Company lorida Limited Lia	as it now appears or bility Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number			23/7070	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
Tames Tickal, LC5W The new name must be distinguishable and contain the words	"Limited Liability	Company," the desig	nation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable				Lake Rd # 157 = 1 32 708
(Principal office address MUST BE A STREET A	DDRESS)	Winter	Splings, i	= 132708
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>v</u>		SECRUTARY	2020 -7
B. If amending the registered agent and/or regis agent and/or the new registered office address he	ere:		E, FE	ne disthe new registered N: OS
Name of New Registered Agent:	COOKING	6000 FUE)) , (
New Registered Office Address:	5840 R	ed Buz C Enter Florida	ake Rd # street address	1574
_	Winter Sp	11/25 Cin55	, Florida	32 708

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>	Name	Address	Type of Action
AMBR	James E. Tickal	5840 Red Bug Lake Rd #	<u>+ 157 4</u> □Add
		5840 Red Bug Lake Rd + Winter Springs, F1 3	2 708 □ Remove
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