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1-1-17

COVER LETTER

Division of Corporations	
SUBJECT: ATTORNEYS FOR	R Business Dwners, PLLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
<u>Elder lo</u>	Name of Person W, P. A. Firm/Company
301 E C	Rean ave, SteZ
	City/State and Zip Code Clder Low FL. Com ss: (to be used for future annual report notification)
For further information concerning this matter, please	se call:
Marta L. Strong Name of Person	at (501) 588-7512 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	Lability Company as it now appears on our forda Limited Liability Company)	records.)		
(A F	Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabil	lity Company were filed on <u>19</u>	2018 and assigned		
Florida document number <u>L\8000676</u>	<u>75</u> .	•		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	<u> </u>			
(Principal office address MUST BE A STREET A	DDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
		<i>c</i> ,		
B. If amending the registered agent and/or regis	tered office address on our records	enter the name of the new registere		
agent and/or the new registered office address he	ere:			
		-		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		∵ ∠>		
	Enter Florida stree	t address		
	, Florida			
_	City	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage,	enter the t	itle, name,	and address	s 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
<u>vgr</u>	Aldo C. Rodriguez	301 E Ocean are Suitez Lantara, Fl33462	□Add
	,	Suitez	Remove
		lantara, Fl33462	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
			□ <i>C</i> hance

•	• •	
D.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
t. (Iffective date, if other than the date of filing:	7 (3)(b s the
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.	;
	Dated 2/11 , 2021.	
	Jupe h. M.	
	Signature of a member of authorized representative of a member	
	Ryan Jay Smollar Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fee: \$25.00