L 80000 5146

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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COVER LETTER

| TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation) | | | |
|--|--|---|--|
| SUBJECT: FON-O | STIC POUZ L Name of Limi | ited Liability Company | |
| The enclosed Articles of A | mendment and fec(s) are sub- | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | <u>Hanna</u> | Name of Person | |
| | | Firm/Company | |
| | 4801 S CIL | ide Morris Blud | Apt. 508 |
| | Port Orange | F\ 33130 City/State and Zip Code | |
| | TOSIESNECMO E-mail address: (t | o be used for future argunal report notific | ortion) |
| For further information cor | ncerning this matter, please ca | ill: | |
| Hanna Prose | Onerman 'erson | at (<u>815</u>) <u>(008 - 9</u> Area Code Daytime | 5149 Telephone Number |
| Enclosed is a check for the | 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) |
| NA 212 4 3 4 | | Canna Addin | |

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

| ART | - | RGANIZATIO! | N | 星小 |
|---|---|--|--------------|---|
| Fantastic. | Ol DOUZ L ited Liability Compan (A Florida Limited L | y as it now appears on o lability Company) | ur records.) | OF STATE OF |
| The Articles of Organization for this Limited L | | were filed on | 1/18 | and assigned 6 |
| Florida document number <u>L18000015</u> | <u> 1410 </u> | | | · |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liabi | lity company here: | | |
| Enter new principal offices address, if applic (Principal office address MUST BE A STREE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | ET ADDRESS) | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addressed of the new registered of the new Registered Agent: | ess here: | ddress on our record | | ne of the new registered |
| New Registered Office Address: | 4801 3 | Clude Mor | cris Bluc | 1 Apt 508 |
| | | Enter Florida str | vet address | |
| | Port Or | ange. | Florida | 3 <u>4189</u> 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.

f 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> | Address | Type of Action |
|--------------|-------------------|--------------------|----------------|
| MGB | Brandy dasniewski | 305 Linda St | □Add |
| | | Edgewater Fl 38138 | |
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| f an ef Note: | ive date, if other than the date of filing: OHYPE 21, 2021 (optional) (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records. |
| recoi d is fi | d 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 led. |
| Dated | dune 16 2021. |
| | Brandy Stand Nel WSK! Signature of a member or authorized representative of a member |
| | |

ET E . 635.00