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(Re	questor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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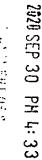
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NOV 0 6 2020 S. YOUNG



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Brown Name of Limit	NHETHER ISS	LLC
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	o the following:	
	Brownborn 5530 NN FF. Lawlord	Name of Person PHENDRISES Firm/Company Address Address A A A A A A A A A A A A	<u>5LLC</u> 02
	bro wohorne E-mail address: (to	City/State and Zip Code 19400000000000000000000000000000000000	fication)
For further information of	concerning this matter, please cal	1:	
Jamic Name o	BYO WN of Person	at (954) 50 C Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

10	,
ARTICLES OF OI	RGANIZATION 😸
OF	
Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	vere tiled on the 0.0001272018 and assigned
Florida document number $\frac{L18005009}{}$.	vere filed on 100 Mary 27, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
3. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	

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.

City

Enter Florida street address

_, Florida ___

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
AMBA	Jamie Brown	5530 NW 31 Ave Apt 206) □Add
		5530 NW 31 Ave Apt 200 Ft. Landerdale, FT39309	□Remove
			_ to Change
			□Add
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te: If the c	date inserted in t	his block does no the Department of	ot meet the app	licable statutory	filing requirer	ments, this date v	vill not be listed as
	invarie date on	me Department	of State of Teeon	33.			
ecord speci s filed.	fies a delayed ef	fective date, but	not an effective	e time, at 12:01 :	a.m. on the ear	lier of: (b) The	90th day after the
ted 5	eptemb	el 26	<u>202</u>	<u> </u>			
_		Signature	a member or au	itherized represen	tative of a mem	ner .	
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