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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Cook Name of Person
Intendance LhC Firm/Company
12199 Seminale Blud. Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Code at (670) 546-6249  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Solutio

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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T	O	<b>3</b>
ARTICLES OF O	ORGANIZATION	
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7 40.1.		and assigned
Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	20 E
	M -1 - 0 (4.	
The Articles of Organization for this Limited Liability Company	were filed on ( Arch ), 2019	and assigned
Florida document number L180000 59716		
This are an decrease in such acids and an extend the Callegrains.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lies Common " the decimation "I I C" on the old	inting "L.I. C."
The new name must be distinguishable and contain the words. Limited Liabi	nty Company, the designation LLC of the aoc	reviation L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Timepar office address most be not Reel moneout		_
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Manny days and Delivery		
B. If amending the registered agent and/or registered o		the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer riorida sireci dadress	
	, Florida	
	City	7in 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 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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f an effective date	if other than the is listed, the date mu- e inserted in this bl	st be specific and	d cannot be prior	to date of filing or	more than 90 day	es after filing.)	Pursuant to	o 605.01
document's effe	ctive date on the D	epartment of S	State's records.		mg requiremen	is, and date	***************************************	. HSTEG
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<b>∕~</b> ,	7.12	•						
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	<del></del>	Signature of a	member or auth-	orized representati	ve of a member			8 SEP
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Page 3 of 3

Filing Fee: \$25.00