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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	SSa Miche Name of Lami	ited Liability Company	LLC
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspon	dence concerning this matter	to the following:	
	Tessa	Michelle Scau Name of Person	
	Tossa	Mi Chelle So	2004
	2172 L	auc Silver Pa	(0)
	Cirstne	Sity/State and Zip Code	536
	TESSOL.S E-mail address: (1	a voy a florida o be used for future annual report notif	IMDIVES . C OM
For further information co	neerning this matter, please ca		
Tessa Name of	Saucy Person	at (<u>850</u>) <u>520 –</u> Area Code Daytimo	1113 e Telephone Number
Enclosed is a check for the	e 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 tadditional copy is enclosed)
Registra	NG ADDRESS: tion Section of Corporations x 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>Cpril 19, 2019</u> and assigned
Florida document number <u>L 8000099 075</u>	
This amendment is submitted to amend the following:	ALC: TO
A. If amending name, enter the new name of the limited liabi	lity company here:
Tessa Michelle Sa The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2172 Laxe Silver Rd
	Crestucio, FL 32536
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2172 Lave Silver Rd Criturew; FL 32534
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: TCS	sa Michelle Savoy 2 Laure Silver Rol
New Registered Office Address: 217	2 Laure Silver Ral
·	Enter Florida street address
Cvc st	rycu Florida 3253 4 Zip Code
	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 t 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.

Jene Michelle Saury
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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		 	□ Add
			□ Remove
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(If an eft <u>Note:</u>	ive date, if other than the date of filing:	ng.) Pursu		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	ı. on th	e earli	er of:
Dated	Feb. 19. 2019.			
	Signature of a member of authorized representative of a member	_		
	Tessa Michelle Savoy Typed or printed name of signee			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00