## 18000137659

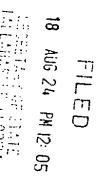
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SHERRETT SACRE	ED MATURE, IJ.C.		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BETHANY SU	THERLAND	
		Name of Person	
	SACRED NATI	URE, UC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:    BETHANY SUTHERLAND   Name of Person		
	MITTERELE	Address	
	<b>.</b>		
	JACKSONVI	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notil	ication)
For further information c	oncerning this matter, please ca	ıll:	
Romania Surgi	-2.0.5	Gov 165 G	C 7/2 I
Name o	f Person	at (101) (2) 32 Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	<del>-</del>	☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.
		Certified Copy	Certificate of Status & Certified Copy
MAIL	ING ADDRESS:		
	ration Section on of Corporations	Registration Section Division of Corporate	
	ox 6327	Clifton Building	***************************************

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 1946 4, 2018 and assigned Florida document number 118000137659
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent: BETHAND
New Registered Office Address: 1407 BELINONTE AVE  Enter Florida street address
unter r torida street daaress

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.

Setting Autherland
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
4 8 4 15 15	المستونية المساف	Α.

AMBR = Authorized Member

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ned <u>August 8</u>				

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Typed or printed name of signee

Filing Fee: \$25.00