## L18000164340

(Requ	estor's Name	*)
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21 AUG 20 PH 12: 31

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
FL to FL.	LLC		
SUBJECT:	Name of Lan	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin M. Mowitz, Esq.		
		Name of Person	
	Mowitz Law, ELC		
		Ент Сотрану	
	2445 SW 76th St		
		Address	
	Gainesville		
	<del>-</del>	City State and Zip Code	
	justin@mowitzlaw.com	to be used for future annual report no	
For further information c	ti-mail address: ( concerning this matter, please c		offication)
Justin Mowitz		352 3890607	
Name o	of Person	at () Area Code Dayti	ime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Add <u>ress:</u>	
Registration :		Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	tr.L. 52514	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT 21 AUG 20 PH 12: 31 ARTICLES OF ORGANIZATION **OF**

FL to FL. LLC

(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 I Florida document number <u>L18000164340</u>	•	y were filed on July 6,	2018	and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited lia	bility company here:		
N A				
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the design	ation "LLC" or the :	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE				
		<del></del>		
Enter new mailing address, if applicable:		N A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:	· ·	address on our recor	ds, <u>enter the nar</u>	ne of the new registere
Name in New Negatica Agen.				. =
New Registered Office Address:		Enter Florida st	rect address	
			, Florida	
		City	Florida	Zip Code

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>	Address	21 AUG 20 PH 12: 31	Type of Action
AMBR	Robertson, Frank Montana	212 SW Fox F	Place, Fort White, FL 32038	□Add
				■Remove
				□Change
AMBR Roberson, Frank Montana	Roberson, Frank Montana	212 SW Fox F	Place, Fort White, FL 32038	<b>=</b> Add
				□Remove
				□Change
				□Remove
				□Change
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ective date, if other th	nan the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
e: If the date inserted in	n this block does not meet the applicab	le statutory filing requirements, this date will not be listed as t
	on the Department of State's records.	
	effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b). The 90th day after the
stiled.		
, August 17	2021	
ed		
	$\mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} $	

Typed or printed name of signee