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AUG 12 2020 S. YOUNG

COVER LETTER

TO:

	legistration S Pivision of Co						
SUBJECT	KASTLES	SLLC	•)	• •		
JO BOLLET	•	Name of Lin	mited Liability C	ompan	y		
		_					
The enclos	ed Articles of	f Amendment and fee(s) are su	bmitted for filir	ıg.			
Please retu	rn all corresp	ondence concerning this matte	r to the following	ng:			
		LOVETTE DOBSON					
			Name of	Perso			
		INCFILE.COM LLC					
			Firm/Co	mpany	,		
		17350 STATE HWY 249	STE 220				
			Addr	ess			
		HOUSTON, TX 77064					
		EFILE1234@INCFILE.CO	City/State and	d Zip (Code		
		E-mail address:	(to be used for fu	ture ar	nual report notif	ication)	
For further	information c	oncerning this matter, please c	call:				
LOVEITE	DOBSON		855		829-9090		
	Name o	f Person	at (Area	Code	Daytime	Telepho	one Number
Enclosed is	a check for th	ne following amount:					
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certifie (additional	d Cop			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.G	ediling Addressed stration Society vision of COO. Box 632	Section orporations 7		Reg Divi The	et Address: istration Sect sion of Corp Centre of Ta 5 N. Monroe	oratio Ilahas	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LES LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Compan	y were filed on 07/12/2018	and assigned
lorida document number L18000168772		_
his amendment is submitted to amend the following:		2020
. If amending name, enter the new name of the limited lia	bility company here:	JUN 29
ne new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		6.
Principal office address MUST BE A STREET ADDRESS)		. 51
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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 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 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	Type of Action
AMBR	KIEFER BEARDEN	2374 FOREST GREEN DR	
		MARIETTA, GA 30062	≣Remove
			Remove
			□Change
			Remove
			□Change
			□Add
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			ПС

Effective date, if other than the date of filing:				
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