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2021 FEB -1 AM 9: 58 SECRETARY OF STATE

3/20/21

COVER LETTER

TO: Registration Se Division of Cor		,	
SUBJECT:		acy Lown (Service LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	·
	Meleg	Name of Person	Gelus .
	Dad Le	pacy lawy	1 Service UC
		J. Athener I	
		Address Three Floring City/State and Zip Code	
		e yahab com	
For further information c	oncerning this matter, please ca		
Metegu	e Saute Person	Sely S 772 28 Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
		0	
Mailing Addres Registration :		<u>Street Address:</u> Registration Sec	tion
Division of C		Division of Corp	porations
P.O. Box 632		The Centre of To	allahassee Street, Suite 810
Tallahassee.	FL 34314	ZTID IN, MOHIOC	Direct Dance Old

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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Dord Legacy	Loudn Secución (M 9:58
(Name of the Limited Libility Compan (A Florida Limited L	y as it now appears on our records. SECRETARY CESSIATE (ALL ALLA SECRETARY)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onO8/ <u>08/2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	4350 Sw Athena Dr
(Principal office address MUST BE A STREET ADDRESS)	1204 24 mis Er 34813
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 = A	Authorized Member		
Title	Mecene Novembr	Address 2 12126 Hill Main Dr. 1 2 Dalm Bearch Gardens	Type of Action PL 3341や _ □Add
			Remove
AP	Juette Dilus ?	2126 Hillman Dr Julyn Beach Gardens FC	□Change 344 0 □Add
			Kemove
a P	Hottunia Sointralus	4350 Atlaner Dr 5 Port St Lewie Fi 3495	□Change
	TENER CONTROL	- fortst auge re 3413	_) ⊐Add X Remove
Mar	Aslet Saincelus	3734 Bahama Rel Palm Boach Gardens	Change
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i effectiv te: If th	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu the date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	ant to 605.02 ot be listed
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after th
ed	January 27. 2021	
	Signature of a member or authorized representative of a member	
	Melegie Saint-Gelus	