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| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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JUN 1 6 2020 S. YOUNG

COVER LETTER

| TO: Registration Sec Division of Corp | | · | |
|--|--|--|--|
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Jessic | A UNES Name of Person | |
| | | Firm/Company | |
| | 1563 CAPI | 1171 Cir SW #1 | <u> </u> |
| | Tallahassee | FL 32301 City/State and Zip Code | |
| | Jmail address: (1 | o be used for their annual report notif | CDry |
| For further information co | oncerning this matter, please ca | all: | |
| JESSCVA U | Person | at (<u>850</u>) <u>427-1</u> Area Code Daytimo | E Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ₩\$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | OI | |
|---|--|---|
| (Name of the Limited Lia) (A Flor | pility Company as it now appears rida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Florida document number <u>1800019533</u> 0 | • | 6 15 2018 and assigned |
| This amendment is submitted to amend the following: | : | , - |
| A. If amending name, enter the new name of the li | . (| _ |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | cords, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Floria | la street address |
| | | Florida |
| | 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 | Membe |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffect | ive date, if other than the date of filing: (optional) |
| an eff iote: | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocum | ent's effective date on the Department of State's records. |
| | |
| гесог d is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led |
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| ated | May 28 20207 |
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| | Signature of a member or authorized representative of a member |
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Filing Fee: \$25.00