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



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SECRITOR OF



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COVER LETTER

| TO: Registration Section Division of Corpora | | | |
|---|---|--|---|
| SUBJECT: | Name of Limit | ited Liability Company | <u>/</u> |
| The enclosed Articles of Ame | ndment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponden | ce concerning this matter | to the following: | |
| - | Ana | (Damel Name of Person | |
| - | | Firm/Company | |
| _ | 1576 ha | 14 RUN Address | |
| <u>-</u> | Tallaha Mpaladress: (1 | City/State and Zip Code OF LO GMYLI to be used for future animal report notific | :COM |
| For further information conce | | | |
| AMU GUME Name of Pers | <u>"2</u> | at $(\underbrace{\begin{array}{c} \overline{\lambda} \ \overline{\lambda} \ \overline{\lambda} \\ \overline{\lambda} \end{array}) = \underbrace{\begin{array}{c} \overline{\lambda} \ \overline{\lambda} \ \overline{\lambda} \\ \overline{\lambda} \end{array}}_{\text{Daytime}}$ | Telephone Number |
| Enclosed is a check for the fol | llowing amount: | | |
| \$25.00 Filing Fee | l \$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 Address: | | Street Address: | |

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

| (Name of the Limite | d Liability Compa | MUNCC ((()) any as it now appears on our rec Liability Company) | niny, L | <u>u</u> | |
|---|-------------------|---|------------------|---------------|--------------------|
| The Articles of Organization for this Limited Liz | ıbility Company | were filed on 9/10 | 118 | _ and assigno | ed |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liab | oility company here: | | | |
| The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREET) | ble: | ility Company," the designation "I 1570 ACAL TOLLONGE | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | <u>30X)</u> | | | 2019 NOV 20 | Altroad (Vulata |
| B. If amending the registered agent and/or re agent and/or the new registered office address | | address on our records, <u>en</u> | ter the name o | f the new re | gistered |
| Name of New Registered Agent: | mu | Gamez | | 20.1 | |
| New Registered Office Address: | 1576 | Emer Florida street add | FL 37 | 1301 | |
| | Tu | Manasco. | Florida <u>3</u> | 2301 | |

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 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 | Type of Action |
|--------------|--------------------|--|----------------|
| MGR AMBR | Pacoroberto Stokes | 1555 delaney Dr. Apri 406 Tullahussee FL 32309 | □Add Remove |
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| (It'an et) <u>Note:</u> | ive date, if other than the date of filing: $11 - 20 - 209$ (optional) 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 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | November 20th . 2019. |
| | ANCO |
| | Signature of a member or authorized representative of a member |
| | - Mu bame |

Page 3 of 3