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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Bennett Name of Lim	and Hrytza.	<del>LLC</del>
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nich	Tolas Bennett Name of Person	
	Beny	nett and Hrytz	ay LLC 言一下
		n Sunland driv Address	
	Sanford	F/3)777 City/State and Zip Code Mne H52940 91/2 to be used for future annual report rivition	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Mr be	nneH5294@ 91/ to be used for future annual report notif	May COM fication)
	concerning this matter, please ca	all:	
Mic ho Name	las Bennett of Person	at ( <u>407</u> ) <u>394</u> Area Code Daytime	0830 e Telephone Number
Enclosed is a check for	the 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 ADDRESS:

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

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	vears on our records.)
(A Florida Limited Liability Company	y)
The Articles of Organization for this Limited Liability Company were filed on	12/27/3018 and assigned
Florida document number <u>L1900001293</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:  Enter I	Florida street address
	. Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code
New Registered Agent's Nighature at changing Registered Avent'	

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** Address Title Name Micholas Bennett 10) South Sunland drive - Add Sanford, F132773 US Remove \_\_\_\_\_Change Marn Joseph T Hrytzay 24902 derby drive 0 Add Sorrento, F/32776 US Remove Change Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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If an effective ( Note: If the	ate, if other the date is listed, the date inserted i effective date of	date must be s n this block o	pecific and ca does not med	innot be prior to et the applical	o date of filing o	r more than 90 ling requirer	(option) days after finents, this c	nal) ling.) Pursuant to 60 date will not be lis	05,0207 ( sted as t
	specifies a c n day after t			te, but not	an effectiv	e time, at	12:01 a.	m. on the ear	lier of:
Dated <u>J</u>	alluary		1	unber or author		tive of a memi	ber		
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Page 3 of 3

Filing Fee: \$25.00