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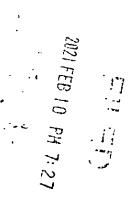


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MAR 3 1 2021

S. YOUNG



COVER LETTER

Division of Corporations Sacred ObsessionGuide Service, LLC **UBJECT:** Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. 'lease return all correspondence concerning this matter to the following: James A. Doyle Jr Name of Person Sacred Obsession Guide Service LLC Firm/Company 224 11th St SE Address Steinhatchee, Florida 32359 City/State and Zip Code jadoylejr@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jim Doyle Name of Person Davtime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25,00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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Registration Section

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

Sacred Obsession Guide Service LLC		7.02
(Name of the Limited I (A)	Liability Company as it now appears on our rec Florida Limited Liability Company)	cords.)
he Articles of Organization for this Limited Liabi	lity Company were filed on 2/6/2021	and assigned
lorida document number L19000004375		P
This amendment is submitted to amend the followi	ng:	J: 27
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
<u>(Principal office address MUST BE A STREET A</u>	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regis		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	
	roner runtar street (al	M/ C33
-		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 Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
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tive date, if other than the	date of filing:		(optional)	
	t be specific and cannot be pric	icable statutory filing re	(optional) than 90 days after filing.) Pursuant equirements, this date will not b	to 605.0207 (be listed as t
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