<u>49000006203</u>

(Requestor's Name)
(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:
Jim Drake, CPA, PLLC 211 SE Sanchez Ave. Ocala, FL 34471





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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jim Drake, CPA, PLLC

(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)	る。			
The Articles of Organization for this Limited I. Florida document number L19000006203	Liability Company were file	ed on January 3, 2019	Cand assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liability con	<u>ıpany here</u> :				
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or th	ne abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)						
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, <u>enter the n</u>	ame of the new registered			
Name of New Registered Agent:	James Drake					
New Registered Office Address:	211 SE Sanchez Ave					
<u> </u>	Enter Florida street address					
	Ocala	Florida	34471			
	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.

f 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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cume	ent's effecti	ve date or	the Depai	tment of S	State's rec	ords.						
ecord is file		ı delayed e	effective da	ite, but not	t an effect	ive time,	at 12:01 a	i.m. on the	earlier of: (b) The 9	0th day afte	r the
ted _	July 21				2020	.						
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		v										

Filing Fee: \$25.00