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NOV 16 2020 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person Harbour Hall Firm/Company Address FORT MAURIANE, FL 3304 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Name of Person at (454) Daytime Telephone Number
Enclose	ed is a check for the following amount:
Z\$2±	5.00 Filing Fee

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 O	RGANIZATION
, , O	F B T
(Name of the Limited Liability Compar (A Florida Limited L	F ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\frac{\lambda}{90000735}\)	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	- MARKES M. BINSBURG
New Registered Office Address:	Enter Florida street address TOLY MUCHANIE Florida 33 DY City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e 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. Qr. 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 Jent 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name (Nemar)	Address	Type of Action
MGR	Gedihovich, HATTALLE	351 Bermuda Spanjs DR	<u>·</u> □Add
		Weston, FL 3373L	Remove
	AMM		□Change
Mbr	IRVING, JOHN (INING) (JOHN)	3933 NW 2154 ST	OXadd
	(IANING) (JOHN)	COCONUT CREEK, FL 33061	□Remove
			🗆 Change
			□Add
			□Remove
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			□Add
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. <u> </u>			🛮 Add
			□Remove
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ective	date, if other than the date of filing: Softember 24,3020 (optional) ve 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.
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
amen	's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed	
	Sattember 211 2020
	Solitor ON TO
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ted	Signature of a member or authorized representative of a member

Filing Fee: \$25.00