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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	Name of Lim	Suee + CA)(es	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Terry	SAM S Name of Person	
		y S Sweet CA Firm/Company	-Kes
	9641 G	ulf Blud St Address	E A 3
	Lord SAMS	City/State and Zip Code + S @ 9 m A i to be used for future annual report notif	<u>33706</u> . Com
For further information of	E-mail address: (i concerning this matter, please ca		lication)
Name (SAM S of Person	at (727) 804	- 5799 e Telephone Number
Enclosed is a check for t	he 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:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
uilding xecutive Center Circle Tallahassee FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limit	SWERT ted Liability Company (A Florida Limited Liab	as it now appears on our rollity Company)	ecords.)		
The Articles of Organization for this Limited L. Florida document number	iability Company we 24136	ere filed on $\frac{2}{\sqrt{2}}$	9-19	and ass	igned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liabilit	y company here:			
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation	"LLC" or the abl	breviation "L.	L.C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	ET ADDRESS)		•	1	.
	-		<u> </u>	<u>- si. 6</u>	
Enter new mailing address, if applicable:	-		· <u>·</u>	UL 29	71
(Mailing address MAY BE A POST OFFICE BOX)			·	7	n
	-		. · 	2, 2	<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of		e address on our re	cords, <u>enter :</u>	the name_	of the
Name of New Registered Agent:	12004	SAM5			
New Registered Office Address:	9715	HACCELLA	<u></u>		
	<u></u>	Enter Florida street o		.م. م	
	(realno	e Island	_, Florida	37/0	6

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 t 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

Page 1 of 3

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00