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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Section Division of Corporation			
SUBJE	G. BOU	net NBad Li	L.C.	
SUBJE	C1		ted Liability Company	
The end	losed Articles of Art	endment and fee(s) are subr	mitted for filing.	
Please r	eturn all corresponde	ence concerning this matter t	to the following:	
		Voni	NESTAL TOMNSOM	
		Pouje	Firm/Company	
		1213 NW 14	Address	
		FOH LAUde	YCALE, FI 33.311 City/State and Zip Code	
			ON SON QUANCO - to be used for future annual report notif	
For fur	ther information cond	erning this matter, please ca	all:	
	VONYUSA Name of Po	a Tonnom erson	at (754) 304 - 5 Area Code Daytime	GASH Telephone Number
Enclose	ed is a check for the	following amount:		
豆 \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration See Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on February 12, 2019 and assigned Florida document number L10000041021 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FOUNDED LOCATION TO THE LIABILITY OF THE ABOVE THE PROPERTY OF THE ABOVE THE	Bayle NB		2028 *** 25 hil 9: 24
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Company Company	(Name of the Limited Liabili (A Florida	ty Company as it now appears on Limited Liability Company)	n our records.)
A. If amending name, enter the new name of the limited liability company here: Part Random Random Part Part Part Part	The Articles of Organization for this Limited Liability C Florida document number <u>ししつうつの4年</u> 02	Company were filed on +P	OLUCITY 13, 2019 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the following:		
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 on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Prelle Kouture LLC		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable:		gnation "LLC" or the abbreviation "L.L.C."
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new mailing address, if applicable:		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Mailing address MAY BE A POST OFFICE BOX)		
New Registered Office Address: Enter Florida street address Florida		d office address on our reco	ords, enter the name of the new registered
Enter Florida street address , Florida	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida	street address
City Zip Code		City	, Florida 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

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>	Address	Type of Action
			□Add
			□ Remove
			□ Change
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. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Vinnesha Johnsen Typed or printed name of signee

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