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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section

| LLC | | | |
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| | ted Liability Company | | |
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| ent and fee(s) are subr | mitted for filing. | | |
| oncerning this matter t | to the following: | | |
| ar Martin | | | |
| | Name of Person | | |
| | Firm/Company | | |
| E Sunrise Blvd #719 | | | |
| | Address | | |
| Lauderdale, FL 33304 | | | |
| vsalonspace@gmail.cc | City/State and Zip Code | | 2021 S JEC: TAI |
| | | tification) | EP EP |
| g this matter, please ca | ıll: | | 2021 SEP 23 NH 7: 28 |
| | 561 635-3207 | | |
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| ing amount: | | | |
| | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |
| ions | | | |
| | The Centre of | Tallahassee | 10 |
| | ent and fee(s) are subsencerning this matter for ar Martin E Sunrise Blvd #719 Lauderdale, FL 33304 ysalonspace@gmail.co E-mail address: (tog this matter, please of status) ing amount: 0.00 Filing Fee & Certificate of Status | Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: ar Martin Name of Person Firm/Company E Sunrise Blvd #719 Address Lauderdale, FL 33304 City/State and Zip Code ysalonspace@gmail.com E-mail address: (to be used for future annual report not good good good good good good good go | Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: ar Martin Name of Person Firm/Company E Sunrise Blvd #719 Address Lauderdale, FL 33304 City/State and Zip Code ysalonspace@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: 361 Area Code Daytime Telephone Number ing amount: 0.00 Filing Fee & S55.00 Filing Fee & S60.00 Fil certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited | <u>I Liability Compa</u> A Florida Limited I | ny as it now appears on our records.) Liability Company) |) | | |
|---|---|---|---------------------------|--------|--|
| The Articles of Organization for this Limited Lia Florida document number L19000060223 | bility Company | were filed on 03/01/2019 | and assig | gned | |
| This amendment is submitted to amend the follow | wing: | | | , | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabi | lity Company," the designation "LLC" of | or the abbreviation "L.I. | C." | |
| Enter new principal offices address, if applicable: | | 1975 E Sunrise Blvd | | | |
| Principal office address MUST BE A STREET | | ESS) #719 | | | |
| | | Fort Lauderdale, FL 33304 | | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B | ' <u>OX</u>) | | | | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | ~· | address on our records, <u>enter th</u> | 2021 *==0 T/A | regis | |
| Name of New Registered Agent: | | | SEP | .j | |
| New Registered Office Address: | 1975 E Sunrise | • | 11/ ₁ 23 | , , | |
| - | Fort Lauderdale | Enter Florida street address e . Flor | ida 33304; | | |
| | | City | Zip Cods | | |

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 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 |
|--------------|-------------|---------------------------|------------------|
| MGR | Carl Martin | 1975 E Sunrise Blvd | = Add |
| | | 1975 E Sunrise Blvd #719 | □Remove |
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| ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's | does not meet the applic | able statutory filing r | than 90 days after filing.) Pu equirements, this date wil | irsuant to e Il not be i | 605.020 listed a |
| cord specifies a delayed effective da s filed. | ite, but not an effective ti | me, at 12:01 a.m. on | the earlier of: (b) The 9 | 0th day a | fter the |
| September 2 | 2021 | <u> </u> | | | |
| | Tanax Ma | tin | | | |