

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Ste	Name of Limit	econ coxpet c ted Liability Company	lawing LC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Richard	Name of Person	
	Steern wel	Clecul Company	ecuring
	13905 W	COLONIAL DY Address	# 266
	Unter o	City/State and Zip Code	1757
	Y40 Ci Jen P E-mail address: (1	o be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	11:	
Richard Bot Name of	Person	at <u> </u>	73.5.7 Telephone Number
Enclosed is a check for the	e 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corpot (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3 - 4 - 19Florida document number 619000061439 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Colonnol (Principal office address MUST BE A STREET ADDRESS) (clown) Dr # 26 Enter new mailing address, if applicable: good en (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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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

	Ç	
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action	
Am by	Richard Bower	13705 w colonal Di		
		H261	□ Remove	
		Water graden F13478	d Change	
Jupr	Carla Bowen	13905 w chloud or		
		世261	Remove	té
		Winter gurden F134	737 ☐ Change	
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			Remove	
			Change	

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Note:	ive date, if other than the date of filing:
the red) The	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	10-1-19
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00