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To: ·

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : 120090000078 Phone : (561)801-7312 : (561)515-3904 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
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COVER LETTER

TO:

Registration Section Division of Corporations

FATER DY 365, UL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul A. K. ChSkar Name of Person

Law office of facel of Krasker

16.15 Forcer Place, 5t Floir

West Polan Beach FL 33401

PKrasker CKrasker Law. Com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nume of Person at (561) 5/5 47.22

Area Code Dayrime Telephone Number

Enclosed is a check for the following amount:

授<u>\$25.00</u> 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	uny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>LIG DOOD Welling OF</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" c	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		. 103		
(Principal office address MUST BE A STREET ADDRESS)		2		
		A BARY	* } }	
		<u> </u>	Li.	
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 registered				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered	<u>d</u>	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			
·	City	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

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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

AMBR = Authorized Member Type of Action Titje. Name Address Palon Beach FL 33480 OChange __ 🗆 Add _____ □Remove _____ Change 21 MAY 10 PM 1:37 _______Remove

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To: 18506176383 From: 15615153904 Date: 05/08/21 Time: 7:02 AM Page: 05/05

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Filing Fee: \$25.00