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COVER LETTER

Division of Corp	porations		
SUBJECT:	Name of Limit	lauhem L.L. C	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Mindfu 3726 Clu habeland tishallo E-mail address: (1	Name of Person Name of Person Firm/Company Leght Address City/State and Zip Code o by used for future annual report notifications On the company On th	m, L.L.C. Blud apt 53 33813 L. Com
For further information co	oncerning this matter, please ca) d	
TISKA Name of	L by and Person	at (863) 45t Area Code Daytimo	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:

TO:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now/appears on obility Company)	ur records.)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1900076035</u>	vere filed on Mar	dh 18,3	2019	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	ation "I.I.C" or	the abbrev	riation "L.	L.C."
Enter new principal offices address, if applicable:				<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	$\overline{}$			20191	
Enter new mailing address, if applicable:			:	EC -2	¥ (;
Mailing address MAY BE A POST OFFICE BOX)				PH	
				- <u>6</u>	·
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		r records, <u>e</u>	nter the		of the ne
Name of New Registered Agent:					
New Registered Office Address:	Enter Florido și	treet address			
	Circ	Florid		7: C - 1	
	City	`	2	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
he re	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.
Datad	Nov. 18 . 2019
Dateu	100
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	Signature of a memory or authorized representative of a member
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Filing Fee: \$25.00