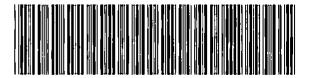
L1900076433

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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C. GOLDEN
OCT 1 3 2020

COVER LETTER

SUBJECT:	DE & Associates	s. (L.C .	
, obst.e1.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Talethi	Name of Person	
		Name of Ferson	
		Company	<u></u>
	1802 Sax	an Street	
	Talle	City/State and Zip Code	32310
	Tedu	City/State and Zip Code	
	E-mail address: (1	ard o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
No.	d Person	at () Area Code Daytime	T. Lank and Nicolak and
Name o	rerson	Area Code Paytime	Tetephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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 Addres Registration S		Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10e 3 Associates LL			12 11 7:11
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000076433</u>	my were filed on	03/19/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de-	signation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Catan and and line address (formalisable)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our re	ords, <u>enter the name</u>	of the new register
agent and/or the new regimered write address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floric	la street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and complete proper and complete proper and complete to the proper and complete proper the obligations of my position as registered agent of the being filed to merely reflect a change in the registered off	ete performance of n as provided for in Cl	ny duties, and I am fai napter 605, F.S. Or. if	miliar with and this document is
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, <u>enter the title, name, or removed from our records</u>:

MGR = Manager

MAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type
AMBR	Talethia O. Edward	1802 saxon street Tall, F	7. 3 2312 □Add
			□Remove
			ĠChange
			□Add
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f an effective date is Note: If the date	fother than the date of filing:
e record specifies rd is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
DatedSe	prember 17. 2020
	Signature of a member or authorized representative of a member
	Talethia D. Edwards Typed or printed name of signee