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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
<b>,</b>
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corporations	· <b>,</b>
SUBJECT: (rold pala questinan	to LLC
Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Gretchen (	SAKBLE Name of Person
	Name of Person
Genola	westment LLC
- Oathfall	Firm/Company
, , , ,	<b></b>
6221 S Q	ussell St
	Address
T . T.	33/
lampa th	3361   City/State and Zip Code
2 1	Crty/state and Zip Code
( F-mail address: (1)	be used for future annual report notification)
9	
For further information concerning this matter, please cal	11:
Galeta Gazas	at (813) 802-8139
Name of Person	at (8(3) 802-815 1 Area Code Daytime Telephone Number
Name of refson	Area code Dayune receptone rumoer
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
PULISON DAZZ	i ne i entre di Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Investment L d Liability Company as it A Florida Limited Liability		r records.)	50 10: 143
The Articles of Organization for this Limited Lia Florida document number <u>L190003</u>	<u>9520</u>	filed on <u>03/</u> .	21/2019	and assigned
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the submitted to amend the follow.	•	ompany here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	npany." the designati	on "LLC" or the a	bbreviation "L L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		s on our records	, enter the nan	ne of the new registered
Name of New Registered Agent:  New Registered Office Address:	Jason 6221 S	GARBER Punsell Enter Florida stre	S+ ei address , Florida	336 [ ] 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 = Manager

AMBR = Authorized Member 2. 34. 17 E. 12:43 Type of Action Title Name MER \_\_\_\_\_ Change MGR Jason Garrager 6221 S Russell St Standed
Tampa FL 33611 □Remove \_\_\_\_\_ Change \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ \\_ \\_ \\_ \\_ \\_ \\_ \Add \_\_\_\_\_ Change

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