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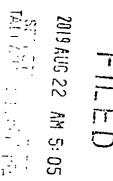
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Y SULKER AUG 29 2019

COVER LETTER.

TO: Registration Section Division of Corporation			*
SUBJECT: The	Vank Nat	ion Movement Little Liability Company	IC_
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Patrickia	Name of Person	
~	Dallas Par	alegal Solutions	o Inc
	4721 Washin	glon Ave Suite	14a
	Orean Spr	City 145, 3056U	
	E-mail address: (to	o be used for future annual report notificat	COOO
For further information conc	cerning this matter, please ca	11:	
Patrickia Name of Pa	Dallas	at (904) 635 — Area Code Daytime Te	1316 Iephone Number
Enclosed is a check for the f	ollowing amount		
	_	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
2 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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

(Name of the Limited Liability Compa	ny as it now appears on our records.) ability Company)	UC_	
The Articles of Organization for this Limited Liability Company Florida document number 490001010977) 19 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl	street _37207	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Musport Ms	Drive. 39502	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the n	<u>ev</u>
Name of New Registered Agent:		94 71	
New Registered Office Address:	Enter Florida street address	15 22 EII	
	, Florida,	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, <u>enter the title, name, and address of each person being addor removed from our records:</u>

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
YGR	Warren Brown		Add
			□ Remove
		Warren E. Braun IV	Change
	Please Correct	- UGR name 1 correct	Add
			Remove
			Change
			
			D Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			_□ Change

lf ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eft Note:	ve 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	Signature of a member of authorized representative of a member
	Warren E Boom. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00