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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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2020 AUG TO PH T: 07 SECRETARY OF STATE TALLAHASSEE, ET

B79/28

COVER LETTER

TO:	Registration Section Division of Corporations	
e10) (1	ECT: Mame of Limited Liability Company	
SUBJE	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Run-o lones	
	More Fence 46C.	
	Col is Cypless Cheek kish of Address City/State and Zip Code Convers How Grant Convers Conversion Conver	71
	fort LANDERDAZE, RC. 33	309.
	City/State and Zip Code (Converse HTD B.MAIL Converse HTD B.MAIL	Rome Force USA
For fur	ther information concerning this matter, please call:	Con
	Name of Person at (759) 565-7771. Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
î X \$2.	(additional copy is enclosed) Certified	e of Status &

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

FILED

, , ,	EXCE	LIC				PH 1: 07
(Name of the Lir	nited Liability ((A Florida Li	Company as it nomited Liability C	ow appears on or company)	ur records.) SEC	RETARY LLAHAS	OF STATE
The Articles of Organization for this Limited	Liability Con	npany were file	ed on	7- CS.	$\frac{a}{a}$	SEE. FL
Florida document number $\underline{\qquad 490\epsilon}$	<u> </u>	16.				
This amendment is submitted to amend the fo	ollowing:					
A. If amending name, enter the new name	of the limited	d liability con	apany here:			
The new name must be distinguishable and contain the	e words "Limited	d Liability Comp	ony," the designat	ion "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices address, if app	licable:		<u>.</u>			
(Principal office address MUST BE A STRI	<u>EET ADDRES</u>	<u>SS)</u>				
						
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFIC	E POV					
Stuting dances SIAT DL 241 (331 OFFIC	<u>L BOAJ</u>					
						
B. If amending the registered agent and/or		ffice address	on our record	s, <u>enter the na</u>	me of the	new register
agent and/or the new registered office add	ress nere:	/				
Name of New Registered Agent:	Į.	0N960	1/028	~ (
-	$\frac{1}{Q}$		YONE	Puin		
New Registered Office Address:	-{/-2	1 AK	Effect Florida stra	vet address		···
	Class	(210-1	Z /		75	504
	<u></u>	City	FL	Florida _	Zip (///ode
New Registered Agent's Signature, if changing	g Registered A	gent:				
hereby accept the appointment as registe	red agent and	d agree to act	t in this capac	ity. I further a	igree to c	omply with t

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 veing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
1/62	MICHARI KEDOAN	Address 751 NE 52 CT FOMPANO BEACH FL. 33064	□Add
		TOMPANO BEACH FL.	Remove
		<u> </u>	
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late, if other th	ian the date of filir	ig:	late of filing or more than	(optional)	anuto 605 0207 (3)(b)
e date inserted is	n this block does not	meet the applicable	e statutory filing requi	rements, this date will n	ot be listed as the
ecifies a delayed	effective date, but no	ot an effective time.	, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
0		2020			
	late, if other the date is listed, the date inserted in effective date of	late, if other than the date of filired that is listed, the date must be specific ared that inserted in this block does not be effective date on the Department of	late, if other than the date of filing:	late, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than e date inserted in this block does not meet the applicable statutory filing require effective date on the Department of State's records.	late, if other than the date of filing: