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(Red	questor's Name)	
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## **COVER LETTER**

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	gistration Sec vision of Corp			,
SUBJECT:	A	Name of Limit	OG Flori DA	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Tara	Name of Person	nd
		An Ho	NOST JIVING F	Loring
		1575 B	ECHICK ROad	
		Ja okso	NVJ/C. F. 32.	x07
		E-mail address: (i	eveland 140 val	no Com
For further	information co	ncerning this matter, please ca	ill:	
Ta	Va (16 Name of	VI Car a	at ( <u>904)</u> 383 Area Code Daytim	8986 e 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:

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 Con (A Florida Limit	mpany as it now appears on our records.  The Liability Company)	)
The Articles of Organization for this Limited Liability Compa Florida document number <u>[1,19000]440</u> [.	any were filed on May 30, o	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line $NIA$	<del></del>	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_ N/A	
(Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable:		SEP -
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on our records, here:	enter the name of the new
	·	
Name of New Registered Agent:		
New Registered Office Address: N/A	Enter Florida street address	
	Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Jason Gaddis	7150 Wiley Road Vax FL 32210	
		Jax Fr 32210	B Remove
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Filing Fee: \$25.00