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DEPARTMENT OF STATE DIVISION OF CORPORATION TALLAHASSEE, FLORIE

2020 IAN 13 AM 7: 10

FEB 10 2020 S. YOUNG

### **COVER LETTER**

#### **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 TO

ARTI		DRGANIZATION 2	7020 -
		my as it now appears on our Liability Company)	0.20
The Articles of Organization for this Limited Lia Florida document number LIGOOIF	ibility Company	were filed on JUNE.	,1,20匹配 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ble:		n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office	address on our records,	enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	_Sam	Enter Florida street	Florida
		City	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 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	Gretchen Logra	one 914 Rollins Ave Ormond Bch, FL	to Add
		JIMONG BCM, FL.	□Remove
			Change
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			□ Change

(If an ci Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	January 9 2020
	Signature of a member or authorized representative of a member
	Litatologia 1 1 3/1 = 2