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2021 OCT -8 AM 10: 07 SECRETARY OF STATE TALLAHASSES FL

COVER LETTER

Division of Corp	porations	•-	at'
SUBJECT: FQUI	TY ECONOMIC		* •
	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Duron Ste	Phon S Name of Person	·
	EQUITY ECO	NOMIC SOLUTION Firm/Company	SLLC
	1200 NEMIAN	MI GARDENS DR. AF	7.#1016W
	MIAMI, FL	33179 City/State and Zin Code	
	drizm44@g E-mail address:	mall com to be used for future annual report notif	fication)
For further information co	ncerning this matter, please ca		
Duron Ste	phens	at (79b) 247-	6311
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

FILED

2021 OCT -8 AM 10: 07

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company	were filed on 6/19/2019	_ and assigned
Florida document number <u>L 19000157791</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	fthe new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
The state of the s		

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 antending 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>	<u>Name</u>	Address	Type of Action
AMBB	Stephens, Duron	200 NE MIAMI GARDENS DR. 1016 NOAdd	
		MIAMI, FL 33179	□ Remove
			Thange
			□ Add
			□Remove
			□Change
			□Add
			CRemove
			🗀 Change
			\ \ \ \ \ \ \ \ _
			□ Remove
			□ Change
			🗆 Add
			□Remove
			□Change
*****			□Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
the record cord is file	I 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 ed.
Dated_	September 29, 2021
	Signature of a member or authorized representative of a member
	DURON Stephens Typed or privated name of signee