# 119000188445

(Reques	tor's Name)	<u></u>
(Address	5)	
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PICK-UP	WAIT	MAIL
(Busines	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
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JUN 04 2021 LALBRITTON

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 30A Property Care Name of Limited Lie	2 Improvements, CCC
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Abigail (	Name of Person
·	Firm/Company
87 Tropual	Address
Freeport, City	State and Zip Code
Pro 30A _ Care ( E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please call:	
Abragal Ozwa	at (850) 868 - 1870 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  2 \$25.00 Filing Fee  3 \$30.00 Filing Fee &	\$55.00 Filing Fee &   \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
1 ananassee, f l. 34314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 09-23-209 and assigned Florida document number 619000188445 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

Cuy

Changing Registered Agent, Signature of New Hegistered Agent

Florida

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>	Name -	Address	Type of Action
44			∐Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
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			Change
			□ Add <b>~</b>
			□Remove
			□Change

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Note:	ve date, if other than the date of filing:
ie rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	March 26, 2021
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00