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JAN 25 7070 I ALBRITTON

COVER LETTER

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 Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number 190020256.	ere filed on August 8, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	Company," the designation "LLC" or the abbreviation "L.L.C."
(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.	TANKASSE OF OUR RECORDS OF THE NEW CREATURE OF
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.

City

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>	<u>Name</u>	Address	Type of Action
AMBR	Lillian Black	9559 Prairie Ave.	
		<u> </u>	Remove
		Highland, IN 463	22 □ Change
MBR	Janelle Collons	750 Six Flags Rd	
		Lot 322	
		Austell, GA 3016	Change
			🗖 Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

/. II AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	cive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 19, 2019.
	Signature of a member or authorized representative of a member
	Ramona Roberts Typed or printed name of signee

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Filing Fee: \$25.00