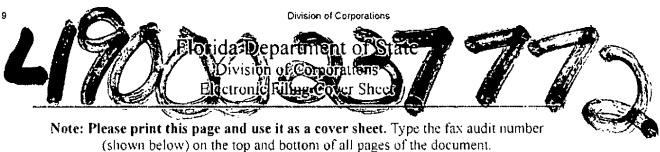
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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

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Registration Section

## **COVER LETTER**

Division of Con	E JACKSONVILLE CLEANIN	ra i i c			
SUBJECT:		ited Liability Company			
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Cheyenne Moseley				
	·····	Name of Person			
	Legalzoom.com, Inc.				
	<u> </u>	Firm/Company	<del></del>		
	101 N Brand Blvd 11th Fl Address				
	Glendale, CA 91203				
		City/State and Zip Code	···-		
	Robenbaskin478@gmail.co	om to be used for future annual report noti	fication)		
For further information of	concerning this matter, please of				
Cheyenne Moseley		800 773-0888			
	of Person	at ( )	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Clitton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

The Articles of Organization for this Limited Liability Company were filed on	( <u>Name of the Limited Liability Compa</u> (A Florida Limit≪ I	ny as it now appears on our records.) Lubihty Company)
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,"  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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter-Floridustreetaddress  Florida  Florida  Florida		were filed on 09/19/2019 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL Couche abbreviation" CL.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 address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter-Floridastreetacldress  Florida  Florida	This amendment is submitted to amend the following:	5
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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  EnterFloridustreetacldress  Florida  Florida	A. If amending name, enter the new name of the limited liab	ility company here:
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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  EnterFloridustreetaddress  Florida  Florida  Florida	The new name must be distinguishable and contain the words "Limited Liabil	-
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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  EnterFloridastreetacldress  Florida	Enter new principal offices address, if applicable:	1737 Tiffinny Pines Cir E
Mailing address MAY BE A POST OFFICE BOX    Jacksonville, Florida 32225	(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32225
Jacksonville, Florida 32225	Enter new mailing address, if applicable:	1737 Tiffany Pines Cir E
Name of New Registered Agent:  New Registered Office Address:  EnterFloridastreetaddress  Florida		Jacksonville, Florida 32225
EnterFloridastreetaddress , Florida	registered agent and/or the new registered office address her	
EnterFloridastreetaddress , Florida	New Registered Office Address:	
	New Registered Office Address.	EnterFloridastreetaddress
City Zip Code	·	
		City ZipCode

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	Robert K Baskin		□ ∧dd
		· · · · · · · · · · · · · · · · · · ·	Remove
		1737 Tiffany Pines Cir E Jacksonville, Florida 32225	■ Change
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recor The 90	rd specifies a délâyed effective dâte; bût not an effective time, át 1 10th day after the record is filed.	tion a.m. on the earlier of:
ied	12/9/2019	
	Red Bu	
	Signature of a member or authorized representative of a member	

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