1900 242 33

(Requestor's Name)			
	(Address)			
((Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

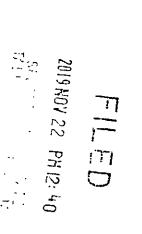




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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Chemy Name of (imi	StFL LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for tiling.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Pam	ela Eng Name of Perjon	
	Cherr	4 STFULUC Firm/Company	
	8127 H	tidcoywad L	are
-		Ma, FL 331 City/State and Zip Code elaT45@ ho o be used for future annual report n	
For further information cone			
Panely Name of Pe	ET ()	at (703) (q 15) Area Code Days	E-0036 ime Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Liab	STPL LLC ilky Company as it now appears on our records.)
	Company were filed on 9 25	
This amendment is submitted to amend the following:	cles of Organization for this Limited Liability Company were filed on 975 19 and assigned document number 49000242837 endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ew principal offices address, if applicable: all office address MUST BE A STREET ADDRESS) ew mailing address, if applicable:	
A. If amending name, enter the new name of the li		
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL		or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		201) NC
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, ldress here:	enter the name of the new
Name of New Registered Agent:		2: 40
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name **Address** Brandan Jenkins nn N. Ashley Apt220 0 Add Tampa FL 33602 Kremove ___ 🗀 Change Parnell Eng 8727 HICKOYWOOD LINE X Add Change ☐ Remove □ Change □ Add □ Remove □ Change □ Add □ Remove _□ Change _□ Add □ Remove

_□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
the record 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 record is filed.
Dated November 18 2019. Bulus Units Signature of Amember or authorized representative of a member
Brandon Jenkins Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00