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COVER LETTER

TO:

TO: Registration Division of C			
	rvesting LLC	•	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing.	
	pondence concerning this matter	•	
	Gary Baker		
	 -	Name of Person	
	Professional Insurance Ser	vices	
		Firm/Company	
	1925 NE 10th Terrace Suit	te 102	
		Address	
	Cape Coral, Florida 33909		
		City/State and Zip Code	
	gbaker@proinsurancesrves.		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
Gary Baker		239 549-7010 at ()	
Name	of Person	Area Code Daytim	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	ction
-	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on 1	0/22/2019 and assigned	ł
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company." the	e designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	1020 100 X		
		AR 2	
		AS W	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OC → N	
		—————————————————————————————————————	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our ess here: Vivian Tanis	records, enter the name of the new reg	<u>ister</u>
Name of New Registered Agent:	Vivian Tains		
New Registered Office Address:	15701 NW 43rd Ct		
		lorida street address	
	Reddick	, Florida 32686	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Tanis Harversting LLC

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Vivian Tanis	15701 NW 43rd Ct, Reddick FL 32686	■Add
			□Remove
			□Change
			🗖 Add
			□ Remove
		·	Change
			□Add
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ffective date, if other than the da an effective date is listed, the date must be	ite of filing:			(optional)	COE 0307 /
Yote: If the date inserted in this block	does not meet the ap	plicable statutory	for more man 90 day filing requiremen	ts, this date will not be	listed as t
ocument's effective date on the Depa	rtment of State's reco	ords.			
	ate, but not an effecti	ve time, at 12:01:	i.m. on the earlier	of: (b) The 90th day	after the
record specifies a delayed effective da					
record specifies a delayed effective data is filed.					
record specifies a delayed effective dad is filed. March 20th	2020				
d is filed.		·			
ated March 20th	2020	·			
ated March 20th		authorized represen	ative of a member		_