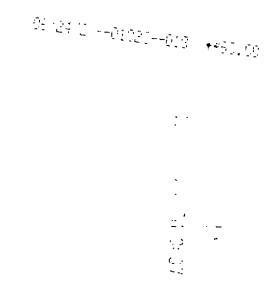
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COVER LETTER

Division of Cor	porations		
SUBJECT: Fir	PFlies Child	Iran's Boution and Liability Company	we_
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	S	Name of Person	C1176
	3284 He	Firm/Company Ort Pine Ave Address	
	Odessa, Fivefliesb	City/State and Zip Code Out to be used for future annual report not	0, cmail, com
For further information of	oncerning this matter, please ca	all:	
Sara Ch	Person	at (813) 8\ Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
D O Day 622	' 1	The Centre of	Lallahaggaa

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address:	Enter Florida street address, Florid City	aZip Code
agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address	
agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address	
agent and/or the new registered office address Name of New Registered Agent:		
agent and/or the new registered office address		<u>; </u>
	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	egistered office address on our records, enter the	name of the new registered
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new principal offices address, if applica	able:	
	the limited liability company here: PFICS FOUT QUE ords "Limited Liability Company," the designation "LLC" or	LLC the abbreviation "L.L.C."
This amendment is submitted to amend the following	wing:	
Florida document number <u>L1900</u>	26,7500	
The Articles of Organization for this Limited Lia	ability Company were filed on $10 24 19$	and assigned
	,	

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
			□Add
			□Remove
			Change
			Add
			□Change
	<u> </u>		□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<u></u>	Change
			□∧dd
			□Remove
			☐ Change
			□Add
			□Remove

	<u></u>
	
an effective Note: If the	late, if other than the date of filing:
record spe Lis filed.	exifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	<u>(0 21 , 202)</u>
-	Signature of a member or authorized representative of a member
_	Sara Clumes Typed or printed name of Signee