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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MUP Gray 1	いっといいっしいいしし ited Liability Company	LC
	Name of Ishii	need Blaininty Company	20
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	3300
Please return all correspo	ondence concerning this matter	to the following:	28 -
	Brel	rt Maccallum	200EC 28 AH 8: 28
		Name of Person	ක ව
	Mug	Gaup Internation	12/
		Firm/Company	
	(33)	SW 2154 Wey	
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		the tayuana, un to be used for future annual report notif	
			realion,
For further information c	oncerning this matter, please c		•
Brian	Carl	at (35) Y 9 4 - Daytimo	7/00
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne following amount:		
\$1.825.00 Filing Fee	S30.00 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)
NG-210-r Address		Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mur any luter	rustrial (LC	是 30gc
(Name of the Limited Liability Com (A Florida Limite			1 8: 28
The Articles of Organization for this Limited Liability Compare Florida document number <u>L1900373496</u> . This amendment is submitted to amend the following:	ny were filed on	11/01/2019	်ဆ် ပံ့
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the de	esignation "LLC" or the abbre	viation "L.L.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 offic agent and/or the new registered office address here:	e address on our re	ecords, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	City	, Florida	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 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
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Filing Fee: \$25.00