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SUBJEC	T:	Name of Lim	ited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted Liability Company mitted for filing.
Please ret	turn all correspo	ndence concerning this matter	to the following:
		Daryna Semeniuk	
			Name of Person
		Ballon Stoll Bader & Nad	er, P.C.
			Firm/Company
		729 Seventh Avenue, 17th	Floor,
			Address
		New York, NY 10019	
		City/State and Zip Code	
		dsemeniuk@ballonstoll.cor	to be used for future annual report notification)
For furthe	er information co	oncerning this matter, please c	
Daryna S			l 2125757900
Name of Person			at () Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
	00 Filing Fec	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
; [Mailing Address Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

(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 new regis
The Articles of Organization for this Limited Liability Company were filed on 11/01/2019 and assigned Florida document number L19000273815 This amendment is submitted to amend the following: 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" or the abbreviation "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 new registered agent and/or the new registered office address here:
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Name of New Registered Agent:
Name of New Registered Agent:
Name of New Registered Agent:
New Registered Office Address:
THE WINDS AND THE PROPERTY OF
Enter Florida street address
, Florida
City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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

Title	Name	Address	Type of Action
MGR	Mary Acevedo	904 Greenridge Road, Jacksonville, Ft 32207	🗐 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ffective date, if other than the fan effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the December 1.	ock does not meet the a	policable statutor	ng or more than 90 ry filing requiren	(optional) days after filing.) Pur lents, this date will	suant to 605.020 not be listed a
record specifies a delayed effective is filed.	: date, but not an effecti	ive time, at 12:01	a.m. on the earl	ierof: (b) The 90	th day after the
nted December 3	, 2019	· · · · ·			
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Filing Fee: \$25.00