1190001274653

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(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

Division of Cor	porations		
SUBJECT:	secimus Jeth	10 Husic LLC	
•	Name of Lim	ited Liability Company	
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The enclosed Afficies of	Amendment and fee(s) are sub	mucu for imag.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jethro	Name of Person	
		Name of Person	
		Firm/Company	
	12.2 5.11 9.	, ,	
	1202 SW7	Address	-
	Gainesville	City/State and Zip Code	
	Tethodeciny E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	all:	
Jethro Di	ccimus	16-98 (FON) 16-98	F18
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C	orporations	Division of Cor	porations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

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

(Name of the Limited Liability Company as it now appears on our records.) Florida document number 19000274653. 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 "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
<u>AMBR</u>	Jethro Decimus	13446 Beloit woods lane	[]Add
		Orlando FL 32824	□Remove
			X Change
MGR	Paul Décimos	13 has Belost Woods lane	□Add
		Orlando FL 32824	XRemove
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n effecti <u>ite:</u> If t	date, if other than the re date is listed, the date mus he date inserted in this blo is effective date on the De	t be specific and cannot ock does not meet the	be prior to date of file applicable statute	ling or more than 90	(optional) days after filing.) Pure nents, this date will	suant to 605.020 not be listed as
	ecifies a delayed effectiv	e date, but not an eff	ective time, at 12:0)I a.m. on the ear	lier of: (b) The 90	h day after the
is filed.	Feb 19, 202	<u> </u>	·			
is filed.		Signature of a member		Sentative of a ment	er	