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C. GOLDEN AUG 2 6 2020

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	novo Manu fa Name of Lim	Ctus ing LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_James Y	M. Cantroll S	
		Firm/Company	
	1821 Mayf	Address	
	Tallahassee,	FL 3230 = City/State and Zip Code Vo mlg. com to be used in future annual report not	ification)
For further information c	oncerning this matter, please c		
James M	Controll	at (<u>850)</u> <u>85/ Area Code Daytin</u>	-5964 ne Telephone Number
		, wear vide Payan	K Telephone Hamber
finclosed is a check for il	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	<u>s:</u>	Street Address:	

ustration Section Rev

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

The Articles of Organization for this Limited Liability Company were filed on Nov 19th 2019 and assigned Florida document number <u>L 19000 28 713 7</u>. 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: 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.

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
AMBR	James M. Confrell I	1821 Mayfair Rd Tallahassee,	FL ZAdd 32303
			□Remove
			⊻ Change
			□Add
			□Remove
			□Change
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'an effective <u>Sote:</u> If the	ate, if other than the date of filing:
record spe Lis filed.	cities 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	lugust 25th 2020
(-	Signature of a member or authorized representative of a member
	1 21 11
	James 11. Cantrell