## L200006701

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	SEIF	JANIE J.L.C	
уовлест.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Bucknor Name of Person	<u></u>
		Firm Company	
	5200 NW	33rd AUC Address	•
	Ste 200	FOR Lauderdale City/State and Zip Code eSS 100 SCO Gran Lauderdale to be used for future annual report note	,FL,3330A
	Abundent expo	ession so Gmail uto be used for future annual report not	ication)
For further information c	concerning this matter, please c	att:	
Vanique Name o	SUCK nor	at ()	e Telephone Number
•		•	
Imelosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cortified Copy  (additional copy wenclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Straet Address:</u> Registration Se	ction

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
Tatlahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our r nability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2</u>	were filed on Decembe	26 30, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		202
Abundant Expression Li The new name must be distinguishable and contain the words "Limited Liabil	ity Conmany," the designation	"LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		25
(Principal office address MUST BE A STKEET ADDRESS)		F. 6.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>e</u>	enter the name of the new regi
New Registered Office Address:		
- Enter Florida sti		
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie	es, and I am familiar with and

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
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			Change
			L`Add
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<u>te:</u> If the date inserted	than the date of Blieg: he date must be specific and can f in this block does not mee e on the Department of State	a the applicable s	of filing or more than 9 tatutory filing require	(optional) 0 days after filing.) Pursuant ments, this date will not b	to 605.0207 be listed as
cord specifies a delaye s filed.	ed effective date, but not a:	offective time, a	. F2:01 a.m. on the ea	rlier of: (b) - The 90th da	y after the
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