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COVER LETTER

TO: Registration So Division of Cor			٠,	
SUBJECT: <u>\$5</u>	Name of Lim	na Unlimited ited the billity Company		
Name of Limited Enablity Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person				
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person		
		Firm/Company		
	-	Address		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Nama	of Porvan	at ()	na Talanhana Numbar	
Name C	n reison	Area Code Daytii	te retemble Nation	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of	•	

Tallahassee, FL 32314

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 $\mu_{\mathcal{G}}$ $\mu_{\mathcal{G}}$ Florida document number -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 Florida

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 **Title** <u>Name</u> **Address** Type of Action __ 🗆 Remove □ Change _____ □ Add Remove 1020 H. Change α **□**Remove _____ □Remove □Change _____ □Add

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) 190 days after tiling.) Pui irements, this date will	rsuant to 605,0207 (. not be listed as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ord is filed.	earlier of: (b) The 90	Oth day after the
Dated <u>Q-18</u> . <u>2020</u> .		
Signature of a member of authorized representative of a me	ember	
Elton Darrozk Burket Typed or printed name of signee	+	

Filing Fee: \$25.00