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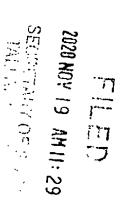
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PICK-UP	☐ WAIT	MAIL
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Continue Contra	Cortification	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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ATY	Day 2011 11		
SUBJECT: Haj A	Name of Limi	ted Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are sub-	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
	100	no dock	
_	UUSON	Name of Person	
<del>-</del>		Firm/Company	
_	5301 1	VE 20th Ct	
		Address	
_	Ocala, F	City/State and Zip Code	
	airdn		Υ
<u></u>	E-mail address: (t	twa 1 @ gmail. Cor b be used for future annual report not	fication)
For further information concer	ming this matter, please ca	all:	
Jason M	lurdak .	ar (352 ) 817-54	38
Name of Pers	on	Area Code Daytin	e Telephone Number
Enclosed is a check for the fol	lowing amount:		
	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address:		Street Address:	
Registration Section Division of Corporate Cor		Registration Se Division of Co	

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

Registration Section
Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

AJX Dr	ywall,	as it now appears on or	ir records )			
(Name of the Limited Liabi (A Flori	ida Limited Lia	bility Company)	<u> </u>			
The Articles of Organization for this Limited Liability Florida document number <u>L20000131640</u>	Company w	ere filed on <u>U((n</u>	<u>J,Ab90</u>	a	nd ass	ignec
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liabilit	ty company here:				
The new name must be distinguishable and contain the words "Li	imited Liability	Company," the designat	ion "LLC" or th	e abbreviai	tion "L.	.L.C."
Enter new principal offices address, if applicable:	-	5301 NE 8	χC <sub>t</sub> ν (, t			
(Principal office address MUST BE A STREET ADD	<u>ORESS)</u>	Ocala, FL	34479	<u> </u>	2020 NDY	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		5301 NE Ocala, Fl	20 <sup>th</sup> Ct - 34479	100 X OF 100	62:11 WW 61 AC	
B. If amending the registered agent and/or register agent and/or the new registered office address here		dress on our record	s, <u>enter the n</u>	ame of t	he nev	<u>w reg</u>
Name of New Registered Agent:						
New Registered Office Address:	5301	INE 20 <sup>th</sup> C Enter Florida str	eet address			
	<u> </u>	Cin	Florida		1470 o Code	<u>}_</u>
		City		2.14	, COM	

## 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Act
MGR	Joson Murdak	5301 NE 20th Ct, Orala Fl 34	TC EAGU
			□Remove
			□Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  N - 84 - 443398
-	
If an effec Note: If	e date, if other than the date of filing: OCHOPPI, 2020 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
e record rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.
Dated _	NOVEMBER 1 2020.  Signature of a member or authorized representative of a member
	Typed or printed name of signee