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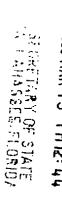
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MAR 27 2020 M. SOLOMON

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: DOUBL	e 570ff P Name of Limi	CKYAD Liability Compan	Gall	uc	_
The enclosed Articles of Arr	endment and fee(s) are sub-	mitted for filing.			
Please return all corresponde	ence concerning this matter t	to the following:			
	Antione	Name of Person	<u>~(</u>		_
	Double Stu	ff Becl	Educat	Crill bl	<u>C</u>
	2754 CESE	Ry Blud Address			
	Tacksonill  Mdison Sa E-mail address: (6	City/State and Zip C	32211 Code	net	<del></del>
For further information conc			inual report no	otification)	
	Ciciv y		.) 23 Dayti	3 – 244 <sup>C</sup> ime Telephone Num	d ber
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	√\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	рy	Certif Certif	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Reg Div The 241	e Centre of	orporations Tallahassee oe Street, Suite	e 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ompany as it now appears on our records.) uted Liability Company)
(A Florida Lim	aited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 1/08/2020 and assigned
Florida document number <u>L20000016108</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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	President
(Principal office address MUST BE A STREET ADDRESS	
	10964 Acorn Park Dr. E
Enter new mailing address, if applicable:	2020 MA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registere
Name of New Registered Agent: AM	LONG GARY
New Registered Office Address: 1096	Enter Florida street address
	Sacksonulle, Florida 32218 City Zip Code
Naw Dogistared Agent's Signature if changing Dogistared Ag	

## 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
Pres	Antione Gary	10964 Acorn Park Dr. E	IĐÁdd
		Jacksonville FL 32211	□Remove
			□Change
VP	THang Nguyen	5238 Norwood Avenue	&Xdd
		Jacksonville FL 3220	∑
			□Change
			□Add
			DRemove
			— Glang
			ディン 
			Remove 2020 HAR 13 PH 12: 14  SSECTOR OR O
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)