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(Requestor's Name)	
(Address)	000
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	Ŭ1,
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Division of Corporations			
SUBJECT:	ass Makers Name of Lim	Marine defailing ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Logan	Le Ca; n Name of Person	
		Firm/Company	Address Land Soft Court Address Land Signature annual report notification) at (454) Area Code Daytime Telephone Number
	9416	Sw 50th Cour	-
-	E-mail address: ()	to be used for future annual report notifica	ation)
For further information conc	erning this matter, please ca	all:	
Logan Lec	Cain	at (<u>959</u>) <u>702</u> - Area Code Daytime T	5/56 elephone Number
Enclosed is a check for the fo	ollowing amount:		
≰ \$25.00 Filing Fcc	□ \$30,00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy
Mailing Address:		Street Address:	

Registration Section Division of Corporations

P.O. Box 6327

TO:

Registration Section

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

Ulass Maker			LLC	
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on or ability Company)	ur records.)	
The Articles of Organization for this Limited Liab	oility Company v	were filed on $1/2$	1/2020	and assigned
Florida document number				į
This amendment is submitted to amend the follow	ring:			July 13. 5
A. If amending name, enter the new name of the	he limited liabil	ity company here:		
A. If amending name, enter the new name of the second seco	Detailing	<u> </u>	ing with Company the sale	元 <u> </u>
The new name must be distinguishable and contain the work	as Tannea Liaopa	9416 Sw Cooper cit	ion LLC of the ab	reviation 12.C.
Enter new principal offices address, if applicat	ole:	94 16 Sw	soth Ca	our t
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Cooper cit	y FL :	33 <i>38</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	9416 Sw Cooper cis	50th a	33328
B. If amending the registered agent and/or regagent and/or the new registered office address		ldress on our record	s, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	_			
New Registered Office Address:	94/6	SW 50th Enter Florida stre	Court ret address	
		City City		
		City		Zip Code

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
			□ Add
			□ Rетюче
			□Change
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			□ Rепюче
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f an effe	the date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	1-25-21
	Signature of a member or authorized representative of a member
	Logan Le Cain Typed or printed name of signee
	1