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FEB 12 2021 S. YOUNG

. COVER LETTER

TO: Registration Security Division of Cor			
SUBJECT:	Sones S	Dennis LEE. L	LC
	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
•	DEMMS	LEE Sons S	
	Sones De	Firm/Company	
	516 W 13	th St	
	Арорки Т	Address Th 32703 City/State and Zip Code	
		City/State and Zip Code	
	SonE3 DER E-mail address: (t	nnis LEE 58(9) 9 o be used for future annual report notific	Mail.Com
For further information c	oncerning this matter, please ca	ill:	
Decinis Name o	SonES Person	at (407) 417 Area Code Daytime	7-860-4/96 Telephone Number
inclosed is a check for th	ne following amount:		
12 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

	Oi		=,
Sones Dennis	1 FF 210		
INAME OF THE LIMITED LIAD	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
	, , ,	a.	
The Articles of Organization for this Limited Liability	Company were filed on	SAN 21-	20 and assigned
Florida document number <u>L 2000co 1650</u>	la.		Ö
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	·	
ter new mailing address, if applicable:	 .		
siling address MAY BE A POST OFFICE BOX)			
			
amending the registered agent and/or register	ed office address on our	rocards enter the	o name of the now registered
and/or the new registered office address here		records, <u>enter tin</u>	t hame of the new regimeree
Name of New Registered Agent:			
New Registered Office Address:		 	
	Enter Flo	orida street address	
	CV.	, Flori	da
	Ciţ		гір Соав

tered Agent's Signature, if changing Registered Agent:

ocept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is o merely reflect a change in the registered office address. I hereby confirm that the limited liability s been notified in writing of this change.

son(s) authorized to manage, enter the title, name, and address of each person being addense trom our records:				
MGR = M AMBR = A	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR.	DENNIS LEE SONES	516 W 13th St Apaphin, 7/4	<i>3910</i> 3 ZAdd	
			□Remove	
			□Change	
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ective da	te, if other than th	e date of filing:	12-28	-20	(optio	nal)
enecuve	ate is fisted, the date m	usi be specific and c	annot be prior to t	rate of titing or mor-	e than 90 days after t	iling.) Pursuam to 605.02 date will not be listed
	ffective date on the			e statutory fring	equitoritetito, tito	date will not be listed
cord spec ; filed.	fies a delayed effect	ive date, but not a	n effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
						•
d 12	-28-20					
	- 18-20 Jo-		2.	-		
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Typed or printed name of signee