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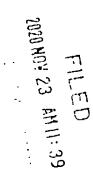
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Bookk</u>	(EEPPING DOWN Name of Limit	Ents & Hore LL ited Liability Company	<u>.C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Pan	Olyn V. HEJPA	
		,	
	Uo.	Firm/Company	
	428 SAN FE	Address	
	PAH Spr	Phps F1 3341	61
	MHERAY E-mail address: (1	(ii)/State and Zip Code (ANY D PHAP) COUM to be used forwature annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Mame o	JV. HEJEA	at (<u>56)</u> — 294 Area Code — Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 J J 19</u> .	were filed on 01 09 202	O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab THE NEW NAME AND THE NEW NAME OF		bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020
		<u> </u>
		FIL W 23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		9
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		
- · ·		
New Registered Office Address:	Enter Florida street address	
	, Florida , 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 Changing Registered Agent, Signature of New Registered Agent

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
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			□Remove
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effective date is li e: If the date in	sted, the date mus serted in this bl	t be specific and ca	thaot be firior to a et the applicabl		(option than 90 days after requirements, this	filing.) Pursuant to	
record specifi he 90th day a			te, but not a	in effective tir	ne, at 12:01 a	.m. on the ea	arlier (
ed 6/10	3/2020) Oa	<u> </u>	Vena	D		_
		Signature of a me	mber or authoriz	ed representative o	I a member		

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