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(Document Number)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo			
SUBJECT: 1001	S Home Name of Limit	In Prove Ment	LIC
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	<u>Andrew</u>	Name of Person Home In from Firm/Company	
	100 85	Firm/Company	MENT LLC
	_	215 Address	
	Apalachicola	Address FL 3237 City/State and Zip Code Met Mail. Com be used for future annual report not	29
	Adrewa a E-mail address. (1	6 hot ma: 1. com	ification)
For further information con	cerning this matter, please ca		
A Z cc w Name of F	Jana Mg Person	at (850) 770 Area Code Daytin	2534 ne Telephone Number
Enclosed is a check for the	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 Se Division of Co	rporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 6327		The Centre of	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

01	
loungs Home In	prosonent LCC 20201"13 AHII
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	vere filed onO1/2:1/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	
The new name must be distinguishable and contain the Gords "Limited Liability"	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	225 Au D Apulachicola FL 32320
(Principal office address MUST BE A STREET ADDRESS)	1-palachicola FL 32320
Enter new mailing address, if applicable:	PO Box 215 Apalechicola FL 32329
(Mailing address MAY BE A POST OFFICE BOX)	Apalechicola FL 32329
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00