L20000 40395

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limits | ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|--|--|
| | ability Company were filed on 2-3-2020 and assigned |
| This amendment is submitted to amend the following | owing: |
| A. If amending name, enter the new name of | the limited liability company here: |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | able: |
| (Principal office address MUST BE A STREE | T ADDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or reagent and/or the new registered office address | egistered office address on our records, enter the name of the new registered |
| Name of New Registered Agent: New Registered Office Address: | 4746 Ben Johnson Circle Enter Florida street address |
| | Source of the State of the Stat |
| New Registered Agent's Signature, if changing F | Registered Agent: |
| provisions of all statutes relative to the prope accept the obligations of my position as regis | d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability change. |

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</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|--|----------------|
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| . If amending | g any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------------------------------|---|
| | on the current LLC there is a type |
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| | n my name. Registered Agent is currently: |
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| | ind needs to be: Gignna Bachwill |
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| (If an effective of Note: If the | ate, if other than the date of filing: ———————————————————————————————————— |
| the record spec cord is filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | - prile 3. 2000. |
| _ | Signature of a member of authorized representative of a member |
| | Grang Bachluski Typed or printed name of signee |