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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

Division of Corp			
SUBJECT:	- Van Que	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	_Gianna	Rachousk Name of Person	<u>.</u>
	Our Vi	Firm/Company	LC.
	4746	Ben Johnson Address) Cir
	Soms	Ota F1 346 City/State and Zip Code	241
	DUT Van Gui	est Q Q (to be used for future Innual report noti	fication)
For further information co	ncerning this matter, please ca	_ ,	
Gianna Name of	Bachwoski Person	at (914) 330 Area Code Daytim	-SING Telephone Number
Enclosed is a check for the	e 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 S	ection	Street Address: Registration Se	
Division of Co P.O. Box 6323		Division of Cor The Centre of T	
Tallahassee, F		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A T Midd Million	manny sumpany,
The Articles of Organization for this Limited Liability Company	were filed on 2 3 2020 and assigned
Florida document number <u>L 2000040395</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	යා ස
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u> [itle</u>	Name	Address	Type of Action
MGR	Gionna Bachauski	4746 Ben Johnson Cir Sarasha, FI 34241	. Add
			□Remove
			□Change
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			□Remove
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		115-1-1-1	లు ~ □Change
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This	Ammer	idment.	D of W	dd G	ODDO
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ective date is listed, If the date inserte		c and cannot be prior to tot meet the applica	date of filing or more the ole statutory filing req		ng.) Pursuant to 605
d specifies a delay led.	ed effective date, but	not an effective tim	ie, at 12:01 a.m. on th	e earlier of: (b)	The 90th day after
8/15	Hearn	. 2021 uM.B	ized representative of a	nember	