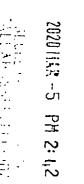
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03/05/20--81014--014 **25.08



Amend

MAR 2 4 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: DYAN	d Legal Columbia	cos lic	
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitt	ed for filing.	
Please return all correspond	dence concerning this matter to the	ne following:	
	Jessica F	Name of Person	ver
	Grand Le	Finn/Company))
	25/00 SW 1-	33 PU Address	
	Homestead	ily/State and Zip Code	
	E-mail address: (4) be	and UGAI SOLUTICE used for future annual report notif	ns. (Cm ication)
For further information con	cerning this matter, please call:		
Jessie G Name of P	vanades Charre	at (305) E12 3	849 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	ection	Street Address: Registration Sec	ction
Division of Co		Division of Corp	
P.O. Box 6327	•	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	tions clo		
(Name of the Limited Liability Con (A Florida Limite	<u>apany as it now appears o</u> ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{L200000 \text{ YGY7G}}{\text{L}}$.	ny were filed on	2/10/2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desi	gnation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
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: Name of New Registered Agent: New Registered Office Address:		~~. 	The rich registered
	Enter Florida street address		
		, Florida	Zip Code
No. 10 Constant Agency Commence of the spine Decisional Agency	City		Zip Code
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off- company has been notified in writing of this change.	agree to act in this ca ete performance of m as provided for in Cha	y duties, and I am fam apter 605, F.S. Or, if t	iliar with and his document is

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>	Name	Address	Type of Action
MURIAMBR	Jessica Grandes (house	25197 SW 133 PL	_⊠Add
		Humestrad, FL 33032	□Remove
			□Change
	A		□ Add
			□Remove
			□Change
			□ Add
			Петюче
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Renюve
			□Change

_	
_	
_	
_	
_	
_	
Note: I	te date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	MOV (N 2
	Jesica Typed or printed name of signee

Filing Fee: \$25.00