## L200000 49913

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TO: Registration Section Division of Corporations	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jensen Je	Name of Person  Name of Person  Application  Firm/Company  Suffy Tangar Rel  Address  City/State and Zip Code  City/State and Zip Code
For further information concerning this mat	ter, please call:
Name of Person	at (417) 234-341010  Area Code Daytime Telephone Number
Enclosed is a check for the following amou  \$25.00 Filing Fee	g Fee & S55.00 Filing Fee & S60.00 Filing Fee,
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Company as it now appears on lorida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liabil Florida document number 1-200000	ity Company were filed on	14/20	_ and assi	gned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	"Limited Liability Company," the designation	ation "LLC" or the abbre	eviation "L.1	C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A				
(Frincipul Office dualess POST DE A STREET A	<i>DDKE33</i> 7	2.	. ^>	
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		(本) [1]	App	• • •
Enter new mailing address, if applicable:		7.5		r
(Mailing address MAY BE A POST OFFICE BO)	<u></u>			<del></del>
			A. C.	
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B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our recordere:	ds, enter the name of	o <u>f thè</u> new	registere
Name of New Registered Agent:				<u></u>
New Registered Office Address:	Enter Florida st	reet address		
	Emer i ioriaa si			
_	City	, Florida	Zip Code	- <del></del>
	City		sup cour	

## 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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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fan effective date is Note: If the date:	f other than the date of listed, the date must be specified in this block do live date on the Department	ecific and cannot be price ses not meet the appli	cable statutory niir	(option fore than 90 days after f g requirements, this	iling.) Pursuant to 605.0	0207 d as
record specifies and is filed.	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	April 2 Signal	1 2020 fure of a member or au	horized representativ	e of a member		
	s lini	Typed or pri				