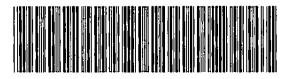
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 2 0 2020

TO: Registration Se Division of Cor			
	nd Owner Lle		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David Knight		
	-	Name of Person	
		Firm/Company	
	1109 Torrington St		
		Address	 _
	Palm Bay, FL 32909		
	dknight1972@ymail.com	City/State and Zip Code	
Car forthar information o		to be used for future annual report not	itication)
	oncerning this matter, please ca		
David Knight		321 848-5166 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 5		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

	c. 14.S_	14 11 6:00
(<u>Name of the Limited Lial</u> (λ Flo	bility Company as it now appear rida Limited Liability Company)	Non our records. T
The Articles of Organization for this Limited Liability Florida document number $\frac{1.20000051539}{1.0000051539}$	y Company were filed on	/19/2020 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company he	<u>ere</u> :
The new name must be distinguishable and contain the words "I	Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ecords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida strvet address
	Cin	, Florida Zip Code
	Ciĥ.	zip szode

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 79748 17 P. 16:30	Type of Action
AMBR	Jenifer LaCroix	14 Morningdale Ave Boylston, MA 01505	= Add
			= Add
			□Remove
			□Change
			🗆 Add
	_		□Remove
			□Change
			□Remove
			□Change
			
		<u> </u>	□Remove
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ffective date, if other than the antifective date is listed, the date in this locument's effective date on the	nust be specific and cannot be prio- block does not meet the applic	r to date of filing or more the cable statutory filing req	(option on 90 days after fil uirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as t
record specifies a delayed effect is filed.	tive date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
09/06 Pated	2020			
aica	1	 '		

Typed or printed name of signee