## 1200000 52900

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## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT	Name of Limited Liability Company	-
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please retur	all correspondence concerning this matter to the following:	
	LaDaise Cabboon Name of Person	_
	Firm/Company	<del></del>
	7378 Overland Park Blud Address	_
	City/State and Zip Code  City/State and Zip Code	
For further	nformation concerning this matter, please call:	
La	Name of Person at (904) 337-2724  Area Code Daytime Telephone Numb	ner
Enclosed is	a check for the following amount:	
\$25.00	Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
<u>M</u>	iling Address: Street Address:	

Registration Section
Division of Corporations
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

## ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION FILED OF

2020 HAY 21 PM 6: 34

Name of the Limited Righlity Compan	ty as it now appears on our records SEE. FLUID.
(A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>1.2000052900</u> .	were filed on <u>FCb 17 th 2D2D</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	4651 Salisbury Rd Suite 400 Dovernille, FL 32256
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4651 Salisbung Rd Suite 400 Jacksonville, FL 32256
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	1/A
New Registered Office Address:	Enter Florida strvet address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as 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 familia with and provided for in Chapter 605, F.S. Or, if this document is
; If Cha	nging 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

## This page is NIA

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Remove
			Change
			□Add
			Remove
			Change
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del></del> -	
_	
(If an effect Note: If	e date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.
the record scord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.
Dated _	Annon (A.
	Signature of amember of authorized representative of a member
	Lamise Gibson