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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division	of Corporations					
	een Under LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Artic	eles of Amendment and	fee(s) are sub	mitted for filing.			
Please return all co	orrespondence concerni	ng this matter	to the following:			
	Sierra Brook	s				
		Name of Person				
	Thirteen Unc	Thirteen Under LLC				
		Firm/Company				
	6248 Bordea	ux Circle				
			Address			
	Sanford, FL	Sanford, FL 32771				
			City/State and Zip Code	•		
	sierrabrooksgo				· .	
f f 1 1 . f			to be used for future annual	report notifical	tion)	
	ation concerning this m	atter, piease ca				
Sierra Brooks		352 250 at ())-3437 			
Name of Person		Area Code	Daytime To	elephone Number		
Enclosed is a chec	k for the following amo	eunt:				
■ \$25.00 Filing		ng Fee & e of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing /</u> Registrs			Street Ac Registrs		nn	
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

, ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Thirteen Under LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our r a Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/24/2020}{}$ and a storida document number $\frac{1.20000060374}{}$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation		
Enter new principal offices address, if applicable:		2020	
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:		ST 15 15 15 15 15 15 15 15 15 15 15 15 15	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		_, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my dutie gent as provided for in Chapter (ed office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this 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>	<u>Name</u>	Address	Type of Action
MGR	Sierra Brooks	6248 Bordeaux Circle	≣ Add
		Sanford, FL 32771	□Remove
			Change
		□ Add	
		Remove	
		Charles Add SEE	
		MAR 13 Page 13 Lange 13 Page 1	
			E Change
		□ Add	
		Псточе	
			Change
		□Add	
		Remove	
			□Change
		□Add	
		□ Remove	

Typed or printed name of signee