L20000009913

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(= 33)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700374776797

10/12/21--01020--018 **25.00

2021 OCT 12 PM 2: 08
SECRETARY OF STATE

10/20/21

COVER LETTER

TO:

	egistration Se ivision of Cor			
eun ne <i>e</i> u	Watson, Es	pinal & Barnard PLLC		
SUBJECT	:	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	indence concerning this matter	to the following:	
		Christopher Watson		
			Name of Person	
		Watson Et Barnard PLLC		2021 OCT SECRETA TALLAI
			Firm/Company	
		9655 S Dixic Hwy Ste. 20	0	\$2 \
			Address	
		Miami, Florida 33156		2: 0: STAT E. FL
		 -	City/State and Zip Code	
		admin@weblawfl.com		
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
Christophe	er Watson		305 665-0000 at ()	
 -	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional cupy is enclosed)
Mailing Address:		Street Address: Registration S	action	
Registration Section Division of Corporations			Division of Co	
P.O. Box 6327			The Centre of	Tallahassee
T	allahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

gned					
C."					
M					
registere					
Enter Florida street address					
Zip Code					
ly with the h and ment is ty					
,					

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
			□Add
			□Remove
			□ Remove \$\frac{\sigma}{7} \text{C}
			□Remove SECRETAR: TAILETAR: □ AND □ AN
			OF STATE OB
			□Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□Remove
			□ Change

				-			_	
		<u> </u>						
						_		
								
					 -			
				_	_			
	-	-						
				<u></u> 	<u> </u>	_		
				· · · · · ·			~	
			<u> </u>	<u>.</u> .		<u> </u>	\S	
	-) HE	_ <u>0</u>	7
						AHA AHA	_ 22 _	
						SSE Por	70	
						S	.; ⊒≰_	
Effective date, if other than the o	lata of filin				(optiona	JATE	80 :	
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and ck does not n	i cannot be prior neet the applic	able statutory	or more than 90 filing requirem	days after filin	ig.) Pursuan	t to 605.0)207 (3 i as th
he record specifies a delayed effective ord is filed.	date, but not	an effective t	ime, at 12:01 a	.m. on the earl	ier of: (b)	The 90th d	ay after i	the
OIG IS HICG.								
Dated October 2		, 2021						
Dated October 2	······································	,	<u> </u>					
Dated October 2	gnature of a	,	orized represent	ative of a membe	2F			

Filing Fee: \$25.00