## L20000 70341

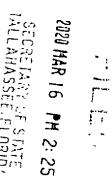
(Req.	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500342100005

03/16/20--01023--026 +•25.00



NAR 2 7 2020

TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: henissa E Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing 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 OF

Bouise Banales 1	( C.		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000 70341</u> .	were filed on $\underline{\mathcal{M}}$	Ar (n 3, 2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)			2020 H
		SSE SEE	HAR I 6
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			2: 25
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name (</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City		Zip Code

## 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

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
M6R	Chenissa E Boone	9241 HAWKI RUM LN	X Add
		Jacksonville, FC 32222	□Remove
			□Change
			□Add
			□Remove
			Change Ch
			Remove
			□Remove
			□Change
<del></del>			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

		<del></del>
		<del></del>
		<del></del>
•		
	SEQ TALL	
	URET CARA	<del></del> .
	93 -	
		: <del></del>
	FLORE PLO	: .
	200 P	<del></del>
	<u> </u>	
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)	- 605 0 <b>2</b> 0
ote: If the date inserted in this block does not meet the applicable statutory to	filing requirements, this date will not be	listed a
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.	m on the earlier of th). The 90th day	after the
is filed.	in. on the eather of. (b) The your day	and the
ated MAYON 12, 2020		
CO $O$ $3$		
Signature of Amember or authorized represents	ative of a member	_

Filing Fee: \$25.00