## L200000 73989

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

Office Use Only



600370587696

08/04/21--01007--010 \*\*25.00

2021 AUS -4 AM 8: 04 SECRY 1417 (SE - 1916

n RRUCE AUG 1 6 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TAINE OF Limited Liability Company
The enclosed Articles of Amendment and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Same of Person  Favored of Final 2002 LLC  Final Company  Address  Address  The File 33(a) 5  Giv/State and Zip Code  L-mail address: to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Person  at (SOB)  Area Code  Daytime Telephone Number  Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status  Certified Copy (additional copy is enclosed)  S55,00 Filing Fee & S60,00 Filing Fee & Certified Copy (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

pany as it now appears on our r	records.)
ny were filed on	. 1
ability company here:	
bility Company," the designation	"LLC" or the abbreviation "L.L.C."
	S S S S S S S S S S S S S S S S S S S
	<u> </u>
	77 <b>F</b>
e address on our records, <u>e</u>	nter the name of the new registe
Enter Florida street i	uddress
City	_, Florida
1	bility company here:  bility Company," the designation

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 Title Type of Action <u>Name</u> Address mar Alusett \_\_ □Change Mar Jacques Hil 33 Lest = Remove \_ON Change \_ ∃Remove □ Change □Remove □Change  $\Box$ Add □Remove

\_\_\_\_\_ □ Change

						<del></del>		
							·	
	· <u>-</u>							
					<del></del>			<del></del>
-								
	<u>-</u>							
							·	
							<del>≤</del>	202
							ALL	AUG
							AHA AHA	<u></u>
							(S)	AM
						· _ <u>-</u> ·	产至	<u>''</u> 8: 0
	-						- 171	<del>-</del>
Effective date, if (	other than the c	late of filin	g:			_ (option	al)	
fan effective date is li Note: If the date in	iserted in this bloo	ek does not i	meet the appli	cable statutory				
document's effectiv	re date on the Dep	partment of 3	State s record	S.				
e record specifies a did is filed.								day after ti
Dated 7 32	<del>2</del> ]	<del></del>	. 202	<u> </u>	tative of a membe			
	<b>N</b> (	, ,						
	Jag !	ignature of a	member or aut	horized represen	tative of a membe	r		

Filing Fee: \$25.00