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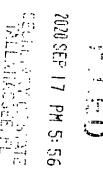
(Requestor's Name)
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D. BRUCE OCT 25 WILL

COVER LETTER

	Registration Section Division of Corporations						
GUD IDA		y'Management, LLĊ					
SUBJEC	T:	Name of	Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are	submitted for filing.				
Please re	turn all correspo	ondence concerning this mat	ter to the following:				
		Linda L. Richardson					
		-	Name of Person				
		Amber-Kay Managen	nent, LLC				
		 	Firm/Company				
		P.O. Box 7431					
			Address				
		Lake City, FL 32055					
			City/State and Zip Code				
		linda.richardson@hotr	nail.com				
For furth	er information c	E-mail address concerning this matter, pleas	City/State and Zip Code mail.com ss: (to be used for future annual report notification)				
	. Richardson		206 200 6526 C				
	Name o	of Person	at ()				
			w o				
Enclosed	l is a check for t	he following amount:					
≘ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	Mailing Addre		Street Address: Registration Section				
	Division of C	Corporations	Division of Corporations				
	P.O. Box 632		The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Comparing document number <u>L20000074529</u> .	any were filed on 03/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)		2020 S:
		FIF SH TY
		25 50.2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Muning underess MAT BE AT OST OFFICE BOA		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter th	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	ri	44.
	, Flor	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Amber-Kay Management, LLC

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.

Maw I. Richard Sw.
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
AMBR	Linda L. Richardson	353 NW Levi Glen	□Add
		Lake City, FL 32055	□Remove
			Change
MGR	Alvinia L. Miller	2902 Selwood Circle	🗆 Add
		Dothan, AL 36303	🖸 Remove
			= Change
			□Add
		A ()	
· · · · · · ·			Add Add
	-		□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

If amending any other information, enter change	e(s) here: (Altach dai	ингониг ѕлеец, у песез	sur <u>v</u> .)	
				
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Effective date, if other than the date of filing:		(option		
(If an effective date is listed, the date must be specific and canno Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	he applicable statutory i	or more than 90 days after f filing requirements, this	iling.) Pursuant to 605.0 date will not be liste	.0207 (3 ed as th
he record specifies a delayed effective date, but not an ef ord is filed.	fective time, at 12:01 a.	.m. on the earlier of: (b)	The 90th day after	the
Dated September 9, 2	1020			
Dated September 9, 2 Luda L. Richarless Signature of a member	or or authorized represent	ative of a member		
anguature of a memor	a or authorized represents	acte of a inchined		
/	SOY) d or printed name of signo			