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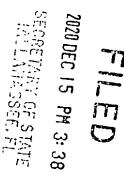
(Requestor's Name)	
,	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
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12/15/20--01008--020 **60.00





TO: Registration Section Division of Corporations Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12000055410	were filed on 03 (1/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	San ford F1 30 17 30 30 30 30 30 30 30 30 30 30 30 30 30
Name of New Registered Agent:	ici Tepetiticin
New Registered Office Address: LOIS US	Enter Florida street address

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

	ithorized Member	Address	Tunn of Antion
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCZR	Donna Jardinez	1013 W 25 LADT C Sanford F1, 3277	<u>}.</u> □vqq
		Change	□Remove
			Si Change
			□Add
			□Remove
			Change
		SECRETAL STATES	Add PE T □Remote
		SEE STATE	ဟ ⊒Chango ယ ယ ထု
			□Change
			□Remove
			□Change
	•		□Add
			□Remove
			□Change

or removed from our records:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The only Change I am requesting is Registered Utgent location
now Donna Tepetition Due To marriage. Documents Enclosed.
Markegistered Agent Name is now Donna Tepetitlan.
SECRETARIA
H07-556-1939
E. Effective date, if other than the date of filing: Solution (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 9/25/2020. Signature of) member or authorized representative of a member
Typed or printed name of signee (Tepetitlan)