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(Re	equestor's Name)	
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JUN 1 7 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Am	ndment and fee(s) are submitted for filing.	
Please return all corresponde	ice concerning this matter to the following:	
	KIMberly Robinson Namurof Person	
	Firm/Company	
	2186 Talbot C	
-	Fernandina Beach, Fl 3205 City/State and Zip Code (129en) (10 gnail Con E-mail address: (to be used for future annual report notification)	^ب ر
For further information conc	rning this matter, please call:	
KIMDEVIU - Namo of Pe	20hinson at (\$45) 430-4197 Area Code Daytime Telephone Number	
Enclosed is a check for the fo	lowing amount:	
□ \$25.00 Filing Fee [\$30,00 Filing Fee & \$\sqrt{2}\$\$55,00 Filing Fee & \$60.00 Filing Fee, Certificate of Status	
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

Name of the Limited Liability Company (A Florida Limited I Liability Company) Florida document number 62000077094	
This amendment is submitted to amend the following:	ી છું છું કુલ
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1853 S. 8+h St Fernandina Beach, Florida 32034
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	2186 Talbot Ct Fernandina Reach Florida 32034
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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
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ffective 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 or more than 90 days after filing.) Prote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will occument's effective date on the Department of State's records.	arsuant to 605.0207 (If not be listed as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 is filed.	0th day after the
ated 5/33/30	
L'Edbinson	
Signature of a member or authorized representative of a member	