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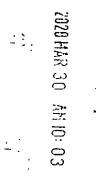
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corpo	erations		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of A	Name of Limited Liability Company losed Articles of Amendment and feets) are submitted for filing. eturn all correspondence concerning this matter to the following: Darin Wade Mellinger, Esquire Name of Person		
Please return all correspon	dence concerning this matter to	the following:	
	Darin Wade Mellinger, Esqu	ure	
		Name of Person	
	Mellinger LLP		
		Firm Company	
	1200 North Federal Highwa	y . Suite 200	
		Address	
	Boca Raton, Florida 33432		
		City/State and Zip Code	
	E-mail address ()	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	11:	
Dann Wade Mellinger			
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy Ladditional copy is enclosed)
Muiling Addr		Street Address:	
<u>Mailing Addr</u> Registration		Registration Se	
Division of	Corporations	Division of Co The Centre of	rporations Tallahassee
P.O. Box 63			oe Street, Suite 810
Tallahassee	FI 32314	2410 W. MOUR	CAP TO A COMPANY OF A CAPACITY

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) d Liability Company)	_
he Articles of Organization for this Limited Liability Compa lorida document number <u>L20000087831</u>	ny were filed on March 23, 2020	and assigned
his amendment is submitted to amend the following:		
i. If amending name, enter the new name of the limited he was name must be distinguishable and contain the words "Limited L	iability company here:	202 0
S/A	2117	an abbres interes T C "
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LTC" or t	(L)
inter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS	<u></u>	<u></u>
The space of the s		<u> </u>
		. 03
inter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX		
France united to the second		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice addr es s on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	67 1	1
	Floric	121

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. Thereby confirm that the limited hability 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>	<u>Address</u>	Type of Action
MGR	Andrea Mendoza	5847 Sandbirch Way	= Add
		Lake Worth, Florida 33463	TRemove
			Change
MGR	Isabela Mendoza	5847 Sandbirch Way	= Add
		Lake Worth, Florida 33463	□Remove
)20 ⊃Remair
			☐ Add 2020 ☐ Remsets 3 0ge Ald ☐ Add 0: 03
			⊒Add⊖
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N/A			
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ctive date, if other than the	date of filing:		_ (optional)
ument's effective date on the L	epartment of State's records		
cord specifies a delayed effecti	re date, but not an effective time	e, at 12:01 a.m. on the earl	ier of (h). The 90th day afte
s filed			
March 26	2020		
ted		12	
41	Men Mend	1026	
			
	Signature of a member or authori	zed representative of a memb	er

· : / / ·

Filing Fee: \$25.00