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COVER LETTER

Division of Cor	rporations			
SUBJECT:	OWER MONEYH Name of Lim	USTLE LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person NONEYHUSTLE L Film/Company	LC	
	2901 Eldie	ote. Way		
	Kissimmee	FL 34758 JCity/State and Zip Code		
	E-mail address: (egoen to amai	· COM	· <u>-</u> -
For further information of	concerning this matter, please ca	all:	د. •. • •	
Devant Name o	e Wehh of Person	at (<u>407</u>) <u>929 - (</u> Area Code Daytime)	O178 Telephone Number	2000 S 200 S
Enclosed is a check for t	he following amount:		•	A 實計
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

towermon		LC	& 3.C
(Name of the Limi	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) vany)	
The Articles of Organization for this Limited L		on <u>3-30-2020</u>	and assigned.
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	'the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	Devante V	Vebb	
New Registered Office Address:	2901 Eldie	nte, Way, er Florida street autress	
	Kissimmee	, Florida <u>3</u> 4	758 758
	Chy		ND CORE

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
MGR	Devante Webb	2901 Fbliente, Way Kissimmee, FL3475	🖸 Add
		Kissimmee, FL3475	Remove
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			□Change

Effect	ive date, if other than the date of filing: (optional)
It an et	fective 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 (
docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thent's effective date on the Department of State's records.
е гесо	rd 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
rd is f	led.
Dated	April 2 , 2020.
	Signature of a member of authorized representative of a member
	\sim //
	ac an g Typed or printed name of signee