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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Dusiness Faliby Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
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TO:	Registration Sect Division of Corpo				
SUBJE	ст:(Class P Name of Lim	OO TOT LE	· C	<u>.</u> <u>.</u>
The enc	losed Anicles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspond	ence concerning this matter	to the following:		
		Mati	Name of Person	ramm	<u> </u>
			Nirm/Company	ir, Lh	<u></u>
		8361 Ch	Address		
		North 1	City/State and Zip Code	14291	
		Clas E-mail address: (Surcoter 6	eportnotification)	·Com
For furt	her information con	cerning this matter, please co	ail:		
	Atheiu Soname of P	Chramm erson	at (94) Area Code	876-29 Daytime Telepho	one Number
Enclose	d is a check for the	following amount:			
L \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address:		Street Ad	dress:	

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

TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.)

(Name of the

company has been notified in writing of this change.

,	(A Florida Limited Liabi	lity Company)		
The Articles of Organization for this Limited L Florida document number	iability Company wer	re filed on	4-1-2020	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability	company he	re:	
The new name must be distinguishable and contain the v	vords "Limited Liability C	Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				200 APR 27 THE
B. If amending the registered agent and/or a agent and/or the new registered office address		ress on our re	cords, <u>enter the nar</u>	ne of the new regi:
Name of New Registered Agent:	Matt	new S	schramn	<u> </u>
New Registered Office Address:	<u>8361</u>	<u>Charl</u>	ey Ave	
	North 1	City	da street address, Florida	34 <u>291</u> Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will 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 being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mac	MatthewSchran	mm 8.361 Charley Ave	ZIAN M
J		North Port, FL 3429	
		8361ChorleyA	L_JChange -
Amar	Tiffeny Morrison	1 North Port, FL346	_
	· ·		□Remove
			□Change
Mac	Tittany Morriso	M 8361 Charley Avr North Part, FL3429	<u>C</u> □Add
J	l l	North Port, FL312	7/ ZRemove
			□Change
			□ Add
			□Remove
			Change
			□ ∆ dd
			□Remove
			□Change
		 	□Remove
			□Change

or removed from our records:

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
If the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4-22 2020
	Signature of admember or authorized representative of a member Ma Hhew Schram Typed or printed name of signee