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(Requestor's Name)
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PICK-UP WAIT MAPL
(Business Entity Name)
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TO:

P.O. Box 6327

Tallahassee, FL 32314

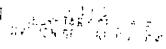
то:	Registration Sec Division of Corp			
SUBJE	ect: <u>March</u>	niani Investme Name of Limi	ited Liability Company	_
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Sylvania	Mar Chiani Name of Person	
			Firm/Company	
		<u>1400 SW</u>	126Th Tev. Apt. C	2403
		<u>Pembroke</u>	Rives FL 3302 City/State and Zip Code	27
		Sylvygyc E-mail address: (1	high Bangil com	tification)
For fur	ther information co	oncerning this matter, please ca	all:	
-	Sylvane of Name of	Marchiani Person	at (<u>425</u>) <u>246</u> Area Code Dayti	ne Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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)
	Mailing Address Registration S	ection	Street Address: Registration S Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



1.	Δ. Ι	2020 MAY -8 PM 5: 19
Marchiani Ivve	ST MENTS. LLC	ur records.)
(A Florida L	imited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Co.		10 2020 and assigned
Florida document number <u>L 2000 100 896</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet 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
AMBR	Sylvana Marchiani	1400 SW 124th Ter. Apt. Q40	_ □Add
		Pembroke Pinas FL 33027	□Remove
			TChange
<u> </u>			□Add
			□Remove
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			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	ive date, if other than the date of filing: (optional)
(If an ef Note:	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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted as the date on the Department of State's records.
he recor ord is fi	ed 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 ded.
Dated	May 1st 2020
	Signature of a member or authorized representative of a member