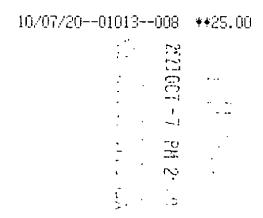
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) fied Copies Certificates of Status ecial Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) fied Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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COVER LETTER

0:

Tallahassee, FL 32314

O: Registration Section Division of Corporations	
UBJECT: Fam 154 Detail Name of Limited Liab	ing and More LLC
Name of Emilied Eddo	mry consignity
he enclosed Articles of Amendment and fee(s) are submitted for	ne Glina
lease return all correspondence concerning this matter to the fo	niowing.
Halton	ame of Person
	irm/Company
PN BOY	8123
	Address
West Palm City/s	beach, FL 3340 75
E-mail address: (to be use	d for future annual report notification)
or further information concerning this matter, please call:	
Hi Hon PHS Name of Person	Area Code Daytime Telephone Number
land in a shoot factor following assume:	
nclosed is a check for the following amount:	C 00 DT D 0
Certificate of Status C	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited 1	tiability Company)
he Articles of Organization for this Limited Liability Company lorida document number $\frac{12000110864}{}$	were filed on $\frac{April 232020}{2000}$ and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2350 Ave M
Principal office address MUST BE A STREET ADDRESS)	Rivrera Beach, FL 33404
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) . If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agrouples of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
<u>ng</u> R	Hilton Pitts	P.O. BOX 8123	\ Add
		P.O. Box 8123 West Palm Beach,	□Remove
		FL 33407	□Change
			□Add
			□ Remove
			□Change
			G □ □Add
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			☐ Change
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			□Change

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	1-3
	<u> </u>
	.2
	(
ctive date, if other than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02
If the date inserted in this block does not meet the applicable starment's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed
selective date of the population of die of the population of the original of the population of the pop	
ord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after the
filed.	,
9 / 00	
d Sept 29 2020.	
11:41 O.H	
MILL WILL	
Signature of a member or authorized re	presentative of a member

Filing Fee: \$25.00