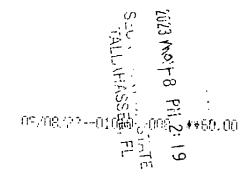
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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	(Business Entity Name)	
	(Document Number)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Solvision of Co			
eun rez		AMINGO LLC		
SUBJEC	U1:	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Calvin Thompson		
			Name of Person	
		Pank Flamingo		
			Firm/Company	
		1500 Apalachee Pkwy		
			Address	
		Tallahassee, FL 32301		
		pankflamingo20@gmail.cor	City/State and Zip Code	TALL MAY 8 FH
		E-mail address: (1	to be used for future annual report notificat	tion)
For furth	her information	concerning this matter, please ca	all:	tion) PR
Calvin '	Fhompson		850 544-7800 at ( )	H 2:
	Name	of Person		elephone Number
Enclose	d is a check for	the following amount:		
□ \$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)
	Mailing Addre		Street Address: Registration Section	on.
	Registration Division of 0	Section Corporations	Registration Section Division of Corporation	
	P.O. Box 63	=	The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	<u>ars on var records.</u> )
he Articles of Organization for this Limited l	Liability Company were filed on $\frac{0}{2}$	4/24/2020 and assigned
lorida document number L20000112265		
forida document number	······································	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company b	nere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	u23
		A
Enter new mailing address, if applicable:	if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·	<u> </u>
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3. If amending the registered agent and/or	registered office address on our	records, enter the name of the new regis
gent and/or the new registered office addr	ess here:	r-i
Name of New Registered Agent:	Daisha Bivens	
New Registered Office Address:	Fatar Fl	orida street address
	imer i i	VI MAN OF CCI MANEE CO.
		, Florida
	City	Zin 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.

House 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
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			Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the accument's effective date on the Department of State's recomment.	plicable statutory filing requirements, this date	.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effect is filed.	ve time, at 12:01 a.m. on the earlier of: (b) The	ne 90th day after th
May 08 2023		
ited May or		
/ / ~		

Filing Fee: \$25.00