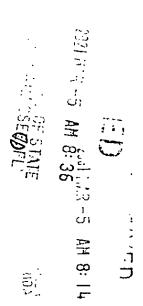
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: EC.	lectic Enter	toinments, Le	,
	Name of Lir	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
	WESN	Name of Person	
		Name of Person	
	 	127 163	
		Firm/Company	
	333 LAS	Olms way CUI	
		Address	-
	Fast Land	City/State and Zip Code	330/
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
	ncerning this matter, please c		
Wi=siter Fax	155 E	at (<u>305</u>) <u>834</u> Area Code Daytim	2442
Name of	Person	Area Code Daytim	e Telephone Number
Inclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	E 660 no ruta e
	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Made a se			
Mailing Address:		Street 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

Pea potate

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Way 01, 2020 and assigned Florida document number 220000 //8/193 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
f an ef <mark>Note:</mark>	ive date, if other than the date of filing:
recor d is fi	d 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 led.
ated	03-05-2021
	I have I amie
	Signature of a member or authorized representative of a member
	WESNEK V. TAKISSE

Filing Fee: \$25.00