L20000 118882

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65/29/20--61003--015 *+25.80

Amend

JUN 17 CCD LALBRITION TO: Registration Section
Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Name of Person

Finn/Company

4114 Herschel St Ste# 116

Address

TACKSON ILL IFL 32210

City/State and Zip Code

Ming 2 naus a gmaul. Com

E-mail address: (to be used for future armual report notification)

Name of Limited Liability Company

For further information concerning this matter, please call:

Witha Dhanra at (904) 234-7101

Name of Person at (904) Daytime Telephone Number

Enclosed is a check for the following amount:

置\$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 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

ANTICUES OF AMENDMEN

ARTICLES OF ORGANIZATION

Ninaznall	o LC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2000118882}{}$	were filed on 5/24/20 and assigned of
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L.C." 4114 Herschel St. Suite #114 JACUSOMUL FL 37210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Dr. Jacksonville, FL 32220
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new regist
Name of New Registered Agent: New Registered Office Address: 4114	ha Themraj terschel J. He #116 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 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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGIR	Cristina Dhanraj	4114 Hurschel St. Ste # 116	171×40d
		Ste#11e	□Remove
		JACKSONVILLE PL 322	Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

or removed from our records:

	1
(H un e <u>Note</u>	etive date, if other than the date of filing: 5/2/2/20 (optional) flective 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 to ment's effective date on the Department of State's records.
f the reco	ord 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 filed.
Date	1
	() hour
	Signature of a member or authorized representative of a member