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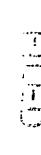
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COVER LETTER

Division of Corporations	
SUBJECT: 1 , Raul Name of	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Hilda	Name of Person
Bar	MfS+1CO Firm/Company
7606	Sun Vista Way,
Ot lon	City/State and Zip Code
boul N E-mail add	VISTICOFL Dama 1. COM ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Hilda L. Alzmo Cal	(a) at (347) 369 5072 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25,00 Filing Fee ☐ \$30.00 Filing Fee Certificate of State	& \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

.ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION**

(Name of the Limited L.	iability Company	as it now appears on collity Company)	our records.)	TOTAL STATE	
The Articles of Organization for this Limited Liabil		ere filed on $\underline{\lambda} \alpha$	y 05, 2020	and assigned	Army Server
This amendment is submitted to amend the following	ng:			. 19	
A. If amending name, enter the new name of the	e limited liabilit	y company here:			
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e: _	Company," the designa	stion "I.LC" or the abbre $ Sun U'_{0} $ $ \mp [01]_{0} $	viation "L.L.C." Sta Wac a 32822	- 님 스
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	- <u>30</u> -				- - -
B. If amending the registered agent and/or regis agent and/or the new registered office address he		dress on our record	ds, <u>enter the name o</u>	f the new registe	<u>ered</u>
Name of New Registered Agent:	Hilda	al. A17	eno Ca	CLASSO	_
New Registered Office Address:	11903	Enter Florida sti	Knoll (<u> </u>	-
_	Or kno		, Florida <u>3</u>	<u> 2 % 25</u> Zip Code	_
New Registered Agent's Signature, if changing Regi	stered 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 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
MGR	Hilda L. Arenolain	so 11903 Sendy Knoll Ct Orlendo Florida	□Add 32825
			□Remove
		Change TO +le	(E)Change
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ective effective	date, if other than the date is listed, the date is	ne date of filir	ng:	to date of filing or a	(C	ptional)	ient to 605 020
	he date inserted in this	block does not	meet the applica				
	s effective date on the	Department of	State's records.				
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