## 120000121558

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## **COVER LETTER**

TO: Registration S Division of Co			
	national LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jennifer Ersjord		
		Name of Person	<del></del>
		Firm Company	<del></del>
	1321 Upland Drive PMB 9		
	Houston, TX 77043	Address	
		City/State and Zip Code	<del></del>
	jennifer.ersfjord@jeeinterna E-mail address: (	ationalife.com. to be used for future annual report notifie	ation)
For further information	concerning this matter, please c	all:	
Jennifer Ersfjord		619 522-4883	
Name	of Person	Area Code Daytime 1	Felephone Number
Enclosed 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)	S60.00 Filing Fee. Certificate of Status & Certified Copyring (additional copyric enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Stale Tallahassee, FL 3	ion STATE 9: 39 Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on May 7, 2020 and assigned

Florida document number L20000121558

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 "L.L.C."

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 and 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 Tubility company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida <u>\_\_\_</u>

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>	<u>Address</u>	Type of Action
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( ) s 100 Jak 111	Signature of a memb	per or authorized repre	sentative of a member		

Filing Fee: \$25.00