L200001621

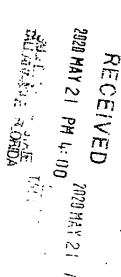
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900345030389

05/22/20--01002--005 **25.00



Y SULKER

MAY 2: 2020

COVER LETTER

	Registration Section Division of Corpor			
SUBJEC'	т:Ос	Name of Limit	Red Liability Company	····
The enclo	sed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please ret	um all corresponde	ence concerning this matter t	o the following:	
	•			
		_ Wik C	DUTIER 10	RIA TAte
		400 CA	pital Circle So	2#18267
			Firm/Company	
			Address	
		Tallahe	ussee, F1. 3	6230/
		I F-mail address: (1	City/State and Zip Code Code o be used for future annual report notificati	ion)
For further	er information con	cerning this matter, please ca	·	,
	2000	1010		11001
	Name of P	1412	at Area Code Daytime Tel	lephone Number
	Name of P	erson	Mea Code Daytine Tel	ephone (value)
Enclosed	is a check for the	following amount:		
\$25.0	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 Se	etion	Street Address: Registration Sectio	n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ WILL COC	rier	<u>ll</u>	<u> </u>	<u></u>
(Name of the Limited (A	<u>Liability Compan</u> Florida Limited Li	iy as it now appears or lability Company)	our records.)	ZO MAY
The Articles of Organization for this Limited Liab Florida document number <u>L2000</u>			5-8-202	and assigned
This amendment is submitted to amend the follow	ing:			<u>.</u> 2
A. If amending name, enter the new name of th	e limited liabii	lity company here:	- ;	र्ज क
The new name must be distinguishable and contain the word	ls "Limited Liabili		//	
Enter new principal offices address, if applicab	le:		7	rle S.E
(Principal office address MUST BE A STREET)	ADDRESS)	Suite		<i>e </i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ox)		akasser Apital (te 182	CICULISIE,
inaming address Mili DD. F. O. C. F. O. C.	<u></u>	- Talla	chasse,	F1. 32301
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ddress on our reco	rds, <u>enter the na</u> i	me of the new registered
Name of New Registered Agent:	1000	a F.	TAte	1. 0
New Registered Office Address:	5060		ial la	KCircle
	مـــــ	Enter Florida		
	las	lahasse	, Florida	32308
		City		Zip 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.

If Changing Registered 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

Title	Name	Address	Type of Action
AMBR	Michael J. TAte	5060 Centennial Oak	CRÌCLQ _□Add
		Tallahusser, Pl. 32308	Kemove
	I		_ Change
AMBA	Toria F. Tate	5060 Centennial Oak	
		Tallahussee, A. 32308	} _ □Remove
			CaChange
			_ 🗆 Add
			_ 🗆 Remove
			_ 🗆 Change
			_ 🗆 Add
			_ 🗆 Remove
			_ 🗆 Change
			_ □Add
			_ 🗆 Remove
			_ □Change
			_ □Add
			_ □Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
-	
-	
_	
-	
-	
_	
-	
_	
-	
_	
If an eff Note:	ective date, if other than the date of filing:
e recor	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.
Dated	5-21-2020
	Michael Dute Sour Jack
	Michael J. IA+C Jalia F. Ta
	Typed or printed name of signee