LZ0000123527

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COVER LETTER

TO:

FO: Registratio Division of	on Section Corporations		
SUBJECT:	All Around		, 110
	Name of Lim	ited Liability Company	1
m i isalah		mitted for filing	
The enclosed Articic	es of Amendment and fee(s) are sub	mitted for inting.	
Please return all corr	respondence concerning this matter	to the following:	
	Philip Cla	uir mont Name of Person	
	All Aroun	Name of Person Torn L G G S L C, Firm/Company	
	_	Of45T Address	
			06
	bedmont c E-mail address:	City/State and Zip Code Slass & gmail To be used for future annual report not	· Com
For further informat	ion concerning this matter, please c	all:	
Philip 1	Clair mont	at (904) 635-	4548
N:	ime of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing Fo	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ac</u> Registrati	Idress:	<u>Street Address:</u> Registration Sc	ection
~	of Corporations	Division of Co	
P.O. Box	6327	The Centre of	
Tallahass	ee, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

11 6

ALL Around Town	1 Glas	s, LL C	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appe: Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000012352</u> 7	y were filed on _	5-7-2020	_ and assigned
Florida document number (L > 00001 < 30 & 1			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			270 Juli
(Principal office address MUST BE A STREET ADDRESS)			8
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		***	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the name of	of the new registered
Name of New Registered Agent:	_		
New Registered Office Address:			
	Enter Flo	orida street address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	•		
I hereby accept the appointment as registered agent and ag		s capacity I further agree	e to comply with the
I hereby accept the appointment as regimered agent and ag		· suprient. I finance agree	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Philip Clairmont	251 W10thst Jacksonville FL 323	Ð∕xídd
		Sacksonville FL 323	LOL □Remove
			□Change
			□Add
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If an effection Note: 1	the date, if other than the date of filing: (optional) (etive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and its effective date on the Department of State's records.
e record rd is file	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
Dated _	Philip Claimont Signature of a member or authorized representative of a member
	Philo Claimont
	Signature of a member or authorized representative of a member