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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limi	3 ENTEIZTAIN ted Liability Company	MENTLLE
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RyAN	Name of Person	<u> </u>
	<u></u>	Firm/Company	
	3111	Duxbury Drive	
	Kissin	MEE FL 347 City/State and Zip Code	146
			cation)
For further information c	oncerning this matter, please ca	Firm/Company Ouxbury Orive Address City/State and Zip Code (to be used for future annual report notification)	
Name o	Delan Patricia	at (<u>9/4</u>) <u>9/8 -</u> Area Code Daytime	~4 //
Enclosed is a check for the	ne following amount:		n de la companya de l
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 62000127742 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 Office 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
MGR	RYAN DeLON PATRICK	3111 Duxbury Dr Kissimee FL 34946	⊠Add
	14,551MEE FL 34146	□Remove	
			□ Change
	<u> </u>		🗆 Add
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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an effectiv lote: If th	date, if other than the date of filing:
record spolised.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	MAY 28, 2020/
	Signature of a member or authorized representative of a member
	Ry AN DeLow PATRICK Typed or printed name of signee
	King Oal al Stalle