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



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COVER LETTER

| TO: Registration Section Division of Corpora | | | |
|---|---|--|---|
| SUBJECT: SHOW | t by me | uc | |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of Ame | endment and fee(s) are sub- | nitted for filing. | |
| Please return all corresponder | nce concerning this matter t | to the following: | |
| - | Ama G | Name of Person | |
| - | Strand | Firm/Company | |
| - | 1755 6045 | SCCUTD+#15(| 001 +106 |
| 7 | Fort myers | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| _ | Description E-mail address | 8246 and Control of the Used for future annual report notification of the Used for future annual report notification of the Used for th | ication) |
| For further information conce | erning this matter, please co | all: | |
| Acc C-see | son son | at (215) 740 - Area Code Daytime | CO9 |
| Enclosed is a check for the fo | ollowing amount: | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | tion | Street Address: Registration Sec | ction |
| Registration Sectorial Division of Corp | | Division of Cor | |
| P.O. Box 6327 | | The Centre of T | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

뜅

| Strand by me | الر | 7 |
|--|---|---|
| (Name of the Limited Liaphia (A Florida | y Company as it now appears o Limited Liability Company) | n our records. |
| The Articles of Organization for this Limited Liability Co | ompany were filed on <u>5</u> | 114/2 62 83 and assigned |
| Florida document number 1_2000013099 | <u>l</u> . | |
| This amendment is submitted to amend the following: | | 08.16 08.40 10.00 |
| A. If amending name, enter the new name of the limi | ted liability company here | : |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the design | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | PESS) | |
| | <u></u> , | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | i office address on our reco | ords, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida | street address |
| | , | , Florida Zip Code |
| | 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 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 |
|--------------|-------------|---------------------|----------------|
| MGB | Anna Greene | 518 Se 26th Steapes | 3500 |
| | | | □Remove |
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| ote: | ive date, if other than the date of filing: |
| recor Lis fil | 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. |
| ated | July 17 2020 Grand Muse Signature of a member or authorized representative of a member |
| | - Signature of a member of authorized representative of a member |
| | Annia Greene Typed or printed name of signee |

EU E 635.00