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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	Name of Limite	Siste d Liability Company	rs, PLL	<u>C.</u>
The enclosed Articles of Ame	ndment and fee(s) are submi	itted for filing.		
Please return all corresponden	ce concerning this matter to	the following:		
		Max X	Adams	
_			medi La	
-	2151	S. Leye	eune RD	#306
_	Cov	Address Address Al (7able) City/State and Zip Cod The medi The used for fitture annual	S, FL,	33134
_	E-mail address: (to	be used for future annual	al report notification)	<u> </u>
For further information concer	rning this matter, please call	:		
Max Name of Pers	Adarhs	at (<u>305</u>)	444 - 34 Daytime Telepho	89 ne Number
Enclosed is a check for the fol	llowing amount:			
\$25.00 Filing Fee		■ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	pility Company were filed on $5-20-2020$ and assigned 37969
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Samantha Jean	3450 Rowland Drive	■ Add
	(See "Other Information")	3450 Rowland Drive Port Charlotte, FL,33	Baremove
			Change
		· ·	■ Add
			■ Remove
			Change
			= Add
			Remove
			Change
			■Add
			Remove
			■ Change
			= Add
		•	■ Remove
			■ Change
			■ Add
	•		Remove
			■ Change

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Name is listed as "Samantha Jean Smit
	Correcting it to "Samantha Tean"
	Removing "Smith"
	/ Smarr
Effective	date, if other than the date of filing: (optional) ve 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 605.0207 (3)
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document	's effective date on the Department of State's records.
e recora s rd is filed.	pecifies 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	<u>1414 /6 . 2020</u> .
	Janny Hales
	Signature of a member or authorized representative of a member
	Sanian + ha Jean Typed of plane of signee

Filing Fee: \$25.00