L20 000140743

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> ALPARITMENT OF STAC ANISTON OF CORPORATION TALLATIA STATE FLORIDA

SEP 04 2020 S. YOUNG

COVER LETTER

TO: Registration Secti Division of Corpo		•	•
	O to Ap	proved IIC.	
SUBJECT:	Name of Limit	proved LLC ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
	lence concerning this matter t		
·			
	l	ERIK BENI Name of Person	
	<u> </u>	Name of Person	
		1 to Approved	LLC
		Firm/Company	
	100	C dobler Drive	Suite 100
		S. Ashley Drive	2, <u>34118</u> 600
	<i>TA</i> <u>r</u>	$\frac{\varphi A}{\text{City/State and Zip Code}}$	
	E-mail address: (Fo & O to Approved. Co	fication)
For further information co	ncerning this matter, please ca	all:	
<i>50</i> :		727 UNO-	1250
Name of	(BEN i Person	at (<u>727</u>) <u>408-</u> Area Code Daytin	ne Telephone Number
·			
Enclosed is a check for the	• fallowing amount:		
	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
\$25.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	7	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, F	FL 32314	2415 N. Wionroe Street, Suite 610	

Tallahassee, FL 32303

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

0 =	to Approved LLC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L2000014074</u>	ty Company were filed on 5/26/2020 and assigned
This amendment is submitted to amend the followin	ष्ठ
A. If amending name, enter the new name of the Zero to F The new name must be distinguishable and contain the words	Ilmited liability company here: Deproved LLC
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>
B. If amending the registered agent and/or registagent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
-	City Zip Code
2: D to and Amende Signature if changing Reg	istered Agent:

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>Γitle</u>	Name	Address	Type of Action
			∐Add
			Remove
_ 			□ Add
			□Remove
			Change
			□Add
			\ \ Remove
		Change	
			□Add
		Remove	
			Change
		□Add	
		□Remove	
			Change
			□ □ Remove
			□ Change

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Note: If th	late, if other than the date of filing:
he record sp ord is filed.	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
Dated	JULY 15 . 2020.
	Esike Berie Signature of a member or authorized representative of a member