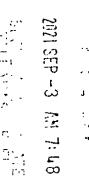
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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	4710 Myla	Lane Lu		
30 000	<u></u>	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Whi	they Dancy Name of Person		
	4710	Firm/Company		
	1060	Whitny the.		
	Laute	ing, FC 33462 City/State and Zip Code		2021 SEP -3
	\mathcal{O}	to be used for future annual report notif	ication)	ن غ
Whitney	Econcerning this matter, please concerning the please concerning this matter, please concerning the please concerning this matter, please concerning the p	at (SQ) 766-	2579 Telephone Number	7:40
Enclosed is a check for t	he following amount:			
전 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
Mailing Addre Registration Division of O	Section	Street Address: Registration Sec Division of Cor		
P.O. Box 632 Tallahassee,	27	The Centre of T		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

• • • • • • • • • • • • • • • • • • • •	MIa Cane CC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea la Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability of Plorida document number	_ • •	10/3/2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	<u> </u>		207
		<u> </u>	<u> </u>
			1
Enter new mailing address, if applicable:			. دن -
Mailing address MAY BE A POST OFFICE BOX)			= -
		-,:	-:
		· · · · · · · · · · · · · · · · · · ·	င်ာ
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our i	records, <u>enter the name (</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Europ Ele	rida street address	
	r.nier r 10	rua sirvei aduress	
		, Florida	Zip Code
	City		лір Соае

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
AMBR	Allmon, Olivia	5504 Howeland Road	□ Add
		Lake worth, Fl. 33449	KRemove
			Change
AMBR	Allman Dean	9895 condor (+.	🗹 Add
		Loxe worth, Fl. 334	<u>67</u> □Remove
			🗆 Change
AMBR	Dancy, Whitney	7720 Forestay Dr.	🖪 Add
		Lave worth, FL. 3341	<u>∏</u> □Remove
			☐ Change
		;: <u></u>	Change S Add
		<u></u>	
			Remove
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active data if oth	ner than the date o	f filing:			_ (optional	; }	တ	
te: If the date inser cument's effective o	ed, the date must be spec rted in this block doe date on the Departme	s not meet the apent of State's reco	oplicable statutor ords.	ry filing requireme	ents, this date	e will no	ot be lis	sted as
cord specifies a del s filed.	layed effective date, I	out not an effecti	ive time, at 12:0	l a.m. on the earlie	er of: (b) T	he 90th	day aft	er the
ed	8 30	, <u>aca</u>	· <u>\</u> .					
		do						
	Signatu	re of a member or	authorized represe	entative of a member	<u> </u>			