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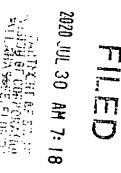
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SEP 1 9 2020 S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H)

Zip Code

O	F	183 & 17
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Lability Company)	30 3 7
The Articles of Organization for this Limited Liability Company		20 and assigned
Florida document number <u>L2000 0/53</u> 74	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the Words	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<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 office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	<u>ne of the new registered</u>
Name of New Registered Agent: Mi Chi C	dos Lourane	
New Registered Office Address:		
	Enter Florida street address	
	Florida	

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 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	Hicholas Lawrence	2773 Bent /ear dr Value FL, 32594	Add
			□Remove
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Page 2 of 3

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Note:	ive date, if other than the date of filing: 7/23/2020 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
accust	
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
he rec	90th day after the record is filed.
he rec The	90th day after the record is filed.
he rec The	90th day after the record is filed.

Page 3 of 3

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