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## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJE	СТ:	Siganti Fr Name of Limit	11 Company	(()	<u>/</u>
The end	losed Articles of Ar	mendment and fee(s) are subn	nitted for filing.		
Please 1	eturn all correspond	lence concerning this matter t	o the following:		
		Craig G	Name of Person		<del></del>
			Firm/Company		
		2 suns e	Address		<del></del>
		into a c	Address  F1 330  City/State and Zip Code  Class 3 63  Obe used for future annual	5. CBM	
For furt	her information con	cerning this matter, please ca	11:		
<u>C</u> ,	Name of F	Person	at ( <u>954</u> ) Area Code	F65 46 Daytime Telepho	ine Number
Enclose	ed is a check for the	following amount:			
D \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$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 not Florida Limited Liability Co	w appears on our record	<u>is.</u> )	_
The Articles of Organization for this Limited Lial Florida document number 42000/54	oility Company were filed	d on <u>6/5/52</u>	ロスク and	assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability com	pany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Compar	ny," the designation "LLC	C" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
				e-temper I
Enter new mailing address, if applicable:				-175
AMALIEN ALLENS MAY DE A BOST OFFICE BOY		<del></del>	( )	
			~ 2	
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	here: Craig ( 2 SUNS	n our records, enter		new registered
	Key Large	FZ, FI	lorida <u>33 D</u> Zip Co	37

## 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
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		6288 NN 7272 Way	Remove
			□Change
			□Add
			Remove  Change
			□Remove
			🗀 Change
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Wasting data if other than the date of filings		(optional)		
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date	e of filing or more than 9	00 days after filing.)	Pursuant	to 605.02
ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	tatutory filing require	ements, this date v	vill not t	be listed
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record specifies a delayed effective date, but not an effective time, at	t 12:01 a.m. on the ea	arlier of: (b) The	90th da	y after th
is filed.				
N/N/ 17 7000				
ated NOV. 17, 2020				
ated NOV. 17, 2020  Signature of a prember or authorized				