## LAO OCC 157906

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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Pg	Hy Gaskin Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Patricia	Saskin Name of Person	2020 JUL
	11/20 6	Firm/Company	-6
	Seminal	Address Address  FL 337	PH 3: 12  F STATE  72
	Jai 995 E-mail sodress:	City/State and Zip Code  Kin Q Va h60. Com  (to be used for future annual report noti	
For further information of Fatricia Ga	concerning this matter, please of		-1421
Name	of Person	Area Code Daytim	te Telephone Number
Enclosed is a check for t	the following amount:		
\$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 Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Lia	ionity Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2ØØØØ 15 790</u> 6	vere filed on June 9, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the	C 202
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NO CHANGE
Enter new mailing address, if applicable:	3: 12 UPIRA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Idress on our records, enter the name of the new register  10 CHANGE  Enter Florida street address
	, Florida
	City Zip 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 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>	Name	Address	Type of Action
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