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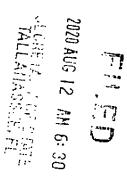
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### **COVER LETTER**

Division of Corporations
SUBJECT: ACCENSION (a) Ital GVIUP, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenie Jantos Name of Person
MT Takes and more, INC
2754 W atlantic Blvd.
City/State and Zip Code  Jantos & Mitarl Janamore Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janu (untr) at 501, 799423 Area Code Daytime Telephone Number 55 5
Enclosed is a check for the following amount:    Second Filing Fee   Second Filing Fee & Certificate of Status   Second Filing Fee & Certificate of Status   Second Filing Fee & Certificate of Status   Certificate of Status

TO:

Registration Section

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 OF	
(Name of the Limited Liability Company) (A Florida Limited Lia	v as it now appears on our records.)
(A Florida Limited Lia	ionity Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L200010101}$ .	vere filed on <u>U 10 2020</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1020 TA
(Principal office address MUST BE A STREET ADDRESS)	The same of the sa
(Frincipal office address MOST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ြို့</u> ယ
<del></del>	9
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the name of the new registered
agent and/or the new registered office address here:	<del></del>
Name of New Registered Agent:	
New Registered Office Address:	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 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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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled.		d and Maria	

Filing Fee: \$25.00