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COVER LETTER

Division of Co		••	••
subject: Taska, I	LC		•
SUBJECT: TONG,	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Courtney Hutchison, I		
		Name of Person	
	Hutchison Law, P.A.		
		Firm/Company	
	662 S. Tamiami Tra	il	
		Address	
	Osprey, FL 34229		
		City/State and Zip Code	
	chutch@gohutchlaw.ca E-mail address: (om to be used for future annual report noti	fication)
For further information (concerning this matter, please c	all:	
Courtney Hutchison	, Esq.	at (941) 587-0597	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	(1) \$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)
Mailing Addre		Street Address:	
Registration Division of (Registration Se Division of Cor	
P.O. Box 633		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6/16/2020}{1}$ Florida document number _L20000167205 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR <u>Hutchison Law, P.A.</u> Courtney Hutchison	1075 7th Ave. North	⊠Add	
	Naples, FL 34102	Remove	
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Renюve
		□ Add	
		□Remove	
		☐ Change	
			□Remove
			□Change

Page 2 of 3

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	e date, if other than the date of filing:
Note:	re date, if other than the date of filing:
the reco	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.
Dated 4	July 31 2020
	Courtney Hutchison Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Courtney Hutchison Typed or printed name of signee

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Filing Fee: \$25.00