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12/18/20

TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount: \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICISES OF AMERICA

TO ARTICLES OF ORGANIZATION OF

| (A Florida Limite | ed Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Compar Florida document number $\underline{L24000102451}$ | ny were filed on JUNE 17th 2020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lis | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2329 auc. 5. |
| (Principal office address MUST BE A STREET ADDRESS) | Rivierce Sch. Fl 33404 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Aiviera Bench, F139404 |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, enter the name of the New regis |
| Name of New Registered Agent: | Leya Clark |
| New Registered Office Address: 2323 | Enter Florida street address Cu Con Florida 33404 City Zin Code |
| New Registered Agent's Signature, if changing Registered Ager | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Actio |
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Filing Fee: \$25.00