120000174140

(Red	questor's Name)	
(Add	dress)	
	dress)	
(Add	nessj	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(D.)	in and Fakha Nam	>
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	-
Certified Copies	Certificates	of Status
,	•	
Special Instructions to F	Filing Officer:	

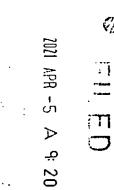
Office Use Only



000362877530

RECEIVED
APR 0 5 2021

114/195/21--01999--019 -++57.91





COVER LETTER

Registration Section

TO:

Division of Corpor	ations			
subject: <u>Heavi</u> ê	Name of Limi	JE SATEIDILISE LL ited Liability Compa d y	<u>C</u>	
The enclosed Articles of Am	endment and fee(s) are subi	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	Byron H	Name of Person	 .	
		Firm/Company		
	3209 STAR	Address		
		33605 City/State and Zip Code		
-	E-mail address: (1	6 9 MAIL, Com	n)	
For further information conc	erning this matter, please ca	all:		
Byron He Name of Pe	enry rson	at (<u>\$13</u>) <u>455 – 5</u> Area Code Daytime Tele	694 phone Number	
Enclosed is a check for the fo	ollowing amount:			
	S30.00 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)	
13/35.00 AMENINIEUT				B
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Section Division of Corpora The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	tions hassee A D	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENRY'S TOPLINE ENTE Name of the Limited Liability Compan (A Florida Limited L	SAPRISE LLC iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 2000174140$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 adapent and/or the new registered office address here: Name of New Registered Agent:	deress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	rovided for in Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
		^	□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			S ☐ Change
			Add □Add
			□Remove
			□ Changa

Please CHANGE THE EIN TO 85-1720173,	
CC-1770173	
33-14201 FJ,	
	-
	<u> </u>
	
	<u> </u>
	(optional)
fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da If the date inserted in this block does not meet the applicable statutory filing requirements	ays after filing.) Pursuant to 6 ts, this date will not be list
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th day after
iled.	
4/1/2021	2021
	APA
Tran the	
Signature of a member or authorized representative of a member	<u> </u>
	<u> </u>
BYRON HENRY	ک م

Filing Fee: \$25.00