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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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Office Use Only		



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COVER LETTER

TO: Registration Se Division of Cor		(C, Q)	1 0
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Debra	Name of Person	9
	VIDE	Firm/Company	
	9161	_OWISIOMO	a Ave
	Land Handless: (1	City/State and Zip Code 958 @ Jahoo to be used for future annual report noting	
For further information ed	oncerning this matter, please ca		
Derra-Name of	B Howng Person	at (150) Daytime	60-5675 e Telephone Number
Enclosed is a check for th	e following amount:		
□-\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	·	Street Address:	

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

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

(Name of the Limited Liability Company as (A Florida Emited Liabil	it now appears on our records.) ly Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\angle 2000015633$	filed on June 24, 2020 and assigned
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 Co	
Enter new principal offices address, if applicable:	Ed to amend the following: er the new name of the limited liability company here: shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" as address, if applicable: EST BE A STREET ADDRESS) S, if applicable: A POST OFFICE BOX) Cred agent and/or registered office address on our records, enter the name of the new registered office address here: eistered Agent:
(Principal office address MUST BE A STREET ADDRESS)	DEC
<u> </u>	_
	PH
Enter new mailing address, if applicable:	this Limited Liability Company were filed on
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addr agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new register</u>
agent and/of the new registered office address fiere.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Can

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 **Address** Name MBR Chavez, Alejandro 9902 5 Thomas Padd Parama City Brack, FL Memore FL, 3.2408 Change

BV/19, JACOB 916 LOWISIANAAVE DANN DeBRAB Howing 9/6 Louisland Ave Wadd Lyrn Haver, 76 | Remove Michael Louisiana Are Wild Lynn Haroni B. Remove 32444 OChange \square Add □Change □Remove

□ Change

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ective date, if other than the date of filing: (optional) reflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 to 100 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nument's effective date on the Department of State's records. 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 filed. Add Many Many Many Many Many Many Many Many			-
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Signature of a member of authorized representative of a member	ed <u>LYCE</u>	1, 2030	
Signature of a member or authorized representative of a member		foully, M. Iller	
		Signature of a member of authorized representative of a member	
		Typed or printed name of signee	

Filing Fee: \$25.00