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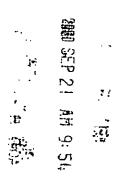
(Requestor's Name)
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C. GOLDEN SEP 21 2020

COVER LETTER

Division of Cor	porations		
SUBJECT:	Notay Jo	6 LLC ed Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	Olatokunk	Name of Person (4)	ds
	Noterry Ja	Firm/Company	and the second s
	9900 N.	Armenia Aue	
	Tamps,	FL. 33600 City/State and Zip Code	- +
	Admin (W) E-mail address: (to	netary Eb. ne be used for fundamonal report noting	tication)
For further information of	concerning this matter, please cal	H:	
<u>Olatokunl</u> Name o	D Sanying I	at (<u>413</u>) <u>766</u> S	823 2e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction

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

TO:

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

2011 21 ANIO: 13

Notary Job LL	C . 21 kinus (3
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company florida document number <u>L 2000018105.7</u>	were filed on Ob/29/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7 ampa FL 33604
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8900 N. Armenia Ave Tampa, FL. 33604
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 014 (2)	N. Armenia Ave #212 Enter Florido street address MPA FL 33604 Tity Zip Code
New Registered Office Address: 8900	Enter Florido street address
	mpg Florida FL 33604
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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 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	Name	Address	Type of Action
MGR	Olatokunbo Osanyin	Jabi & 9.722 Lake chasels	And Note
MGR	Abidemi Adetutu	3511 Loggerhead way Wesley Chapel, FL. 335	Change
A	Olatekundo Dsanginjo	Tampa, FL. 33626	☐Change
			□Change □Add
			□Remove
			□Change
			🗆 Add
			□Remove □Change
			□Remove
			Change

-	
'an effecti <u>Vote:</u> H	e date, if other than the date of filing:
record s I is tiled.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated	9/21/2020
	Signature of a member or authorized representative of a member Olatokunbo Osanyinjobis Typed or printed home of signee
	Signature of a member or authorized representative of a member
	1

Filing Fee: \$25.00