120000184425

Office Use Only



400349373064

97/31/20-+01014--007 *+25.00



527 20 2220

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 70 C	is by tree	Core VVC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Alven 1	Name of Person	
	Tree 67 T	ree Cone	-6
	4232 82	3) ~ 31(ee}	
		City/State and Zip Code	
	Treeby1188/10	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Name of	end (1015	at (<u>754</u>) <u>404</u> Area Code Daytim	0334 e Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S	Section	Registration Sec	ction
District and CC	<u>. '</u>	Division - P.C	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 9917 rd 9977	1 220	~ L-C				
Mame of the Limited Liah (A Flor	<u>ility Company</u> ida Limited Lia	as it now appears on hility Company)	our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>_\$0000\\8\\\\</u>	Company w			D) and	d assig	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin						
The new name must be distinguishable and contain the words "L	imited Liability	Company," the design	nation "LLC" or the	abbreviatio	on "L.L.(
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	DRESS)			<u> </u>	2020 J	
Enter new mailing address, if applicable:		<u></u>		AHAS	JI. 31	
(Mailing address MAY BE A POST OFFICE BOX)				المرات	<u> </u>	111
				<u> </u>	<u>න</u> ප	<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		dress on our reco	rds, <u>enter the na</u>	נינו כ	ונ	registerec
	•					
Name of New Registered Agent:	AIM					
New Registered Office Address:		Enter Florida .	nt-aut subdrace			
		isner i korkuu.				
		City	, Florida _	Zip C	Code	
New Registered Agent's Signature, if changing Registe	red Agent:	•		ŕ		
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	it and agree complete pe agent as pre cred office ac	erformance of my ovided for in Cha	duties, and Lan pter 605, F.S. O	n familia r. if this c	r with docum	and ent 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
WGB	Alven Kengerell	(1839 32 30 mg fort land	7. ⊠Add
		41, 33317	□Remove
			□Change
			□Add
			□Remove
			□Change
		9ECE AAA AAA	2020 JAdd T
			3 ∃Remove
		所 で マスト マスト	A Change
		بر.	ॲ □Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	SECTE IARY OF STATE
	JUL 31 AM 10: FE IARY OF STILLAHASSEE, F
	JUL 31 AM 10: FE IARY OF STILLAHASSEE, F
	JUL 31 AM 10: FE IARY OF STILLAHASSEE, F
	JUL 31 AM 10: FE IARY OF STILLAHASSEE, F
	JUL 31 AM 10: FE IARY OF STILLAHASSEE, F
	SEE, F
	SEE, F
	' H 35
ffective date, if other than the date of filing:	s after filing.) Pursuant to 605.0201
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.	of: (b) The 90th day after the
ated 1/1/133 . 2030.	
Signature of a member or authorized representative of a member ALTA J LEW DETCH	

Filing Fee: \$25.00