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COVER LETTER

TO: Registration Se Division of Cor	ction porations .		
SUBJECT:	Neh IN Jehr Name of Limi	la formal Fitr	1ESS
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michenson	Name of Person	
	5223 Mill	Firm/Company Address	APT 104
	Ohlando F Powerh intendi E-mail address:	City/State and Zip Code City/State and Zip Code	SOGMa1. CON
For further information c	oncerning this matter, please ca	all:	
MIChenson Name o	A Person	at (32) 695 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rowell Internal	ompany as if now app nited Liability Company	Ears on our records.)
The Articles of Organization for this Limited Liability Comp		
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		e designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	Gdd	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	nce address on our	records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida strect address
		, Florida
	City	Zip Code

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.

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 Address 2920 AUG 14 PH 6: 24 Title Name Type of Action michenson Alu 5223 millenia BlV& APTIOTANO FL 32839 _____ □Change _____ □Remove _____ □Add ____ □ Remove ______ Change _____ ____ ___ ___ __ _Add _____ □Remove _____ □Change _____ □Remove _____ Change

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	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) icable statutory filing requirements, this date will not be listed as the is.
record specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated 08 11 2020	·
	thorized representative of a member

Typed or printed name of signee