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

Office Use Only



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COVER LETTER

Division of Cor				
	CODE LLC	· ·		
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:		
	Cedria Jackson			
		Name of Person		_
				_
		Firm/Company		
	6822 22nd Ave N #325		·	_
		Address		2020 S = 1
	St. Petersburg Fl 33710	· · · · · · · · · · · · · · · · · · ·		AUG.
	Cedria08@gmail.com	City/State and Zip Code		2000年
	-	to be used for future annual report not	ification)	PR ;
For further information c	oncerning this matter, please ca	all:		2020 AUG 21 PH 4: 32 SEALE/ANAS SEE SE
Kionia Long		727 3660991 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Numbe	Г
Enclosed is a check for th	ne following amount:			
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co.	rporations	
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	l allanassee be Street, Suite {	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigne			
ation "L.L.C."			
St. Petersburg Fl 33710			
6822 22nd Ave N #325 St. Petersburg Fl 33710			
the new res			
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<u>.</u>			
in Code			
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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 penns or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cedria Jackson	6822 22nd Ave n #325 St. Petersburg Fl 33710	≘ ∧dd
			□Remove
			□Change
AMBR	Kionia Long	6822 22nd Ave N #325 St. Petersburg FI 33710	
		 	□Remove
			≡ Change
			□ Add CC 2020 □ Removel □
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Tective date, if other than the oneffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the applic	cable statutory filin	(option ore than 90 days after fing requirements, this of	i al) ling.) Pursuant late will not	to 605.020 be listed a
ecord specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th da	iy after the
August 19th Waria	. 2020	·			
Odria	ocker			<u> </u>	
	Signature of a member or auth	orized representative	of a member		