L20000200357

(Re	questor's Name)	
(Ad	ldress)	
	ldress)	
(Au	uless)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D.,	· · · · · · · · · · · · · · · · · · ·	
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED

2020 AUG 20 PM 2: 10

STATE OF STATE

ALL ALASSEF, FLORIDA



COVER LETTER

	vision of Cor						
enn tees		dle Company, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
		Jeannie Henricy					
			Name of Person				
			Firm/Company			2020 AUG	
		2749 Pecan Road Apt 203			<u> </u>	AUG 20	-
		Tallahassee, Florida 32303	Address		32.55 32.55 33.55 35 35 35 35 35 35 35 35 35 35 35 35 3		
		henricyjeannie@yahoo.com	City/State and Zip Code		TIORIUA	PH 2: 10	_
		E-mail address: (to be used for future annual	report notification)			
		oncerning this matter, please c					
Jeannie Her	nricy		561 889 at ()	95038			
	Name of	f Person	Area Code	Daytime Telepho	one Number		
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
Re	illing Addres	Section	—	ation Section			
	vision of C D. Box 632	orporations 7		n of Corporation of Tallahas			
r.\	J. DUX UJZ	,	1116 (incorranala:	フンチレ		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our rorida Limited Liability Company)	ecords.)
ty Company were filed on July 13, 202	0 and assigned
g:	
limited liability company here:	
Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
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	mo - 111
	165 72: U
	
	U.M. O
ered office address on our records, <u>e</u> r <u>e</u> :	nter the name of the new regist
Enter Florida street d	uldress
	Ela≓da
City	_, Florida Zip Code
	Enter Florida street of Enter

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 Changing Registered Agent, Signature of New Registered Agent

MGR =	Manager Authorized Member	to manage, <u>enter the title, name, a</u>	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			———— □Change
			—————□Add
			— □Remove
			Change DAdd
			SET CORREMOVE STORY CORREMOVE CORREMOVE
			
			———— □Remove
			——————————————————————————————————————
- -			————— □Add
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	be specific and cannot be prior to date ck does not meet the applicable st	(optional of filing or more than 90 days after filing atutory-filing requirements, this date	g.) Pursuant to 605.0207
ecord specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) T	he 90th day after the
August 17	, 2020		
1. 1	Signature of a member or authorized r		