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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: MA	rrior Well	Iness 101	LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jeanne	He Beezle	4	
	Beezwi		<i></i>	
	5933 Oxf	Firm/Company OYO MOUY B	Ivd	
	Windern	Address NEVELFL 3	4786	
	thebcez("City/State and Zip Code CV COOL	1. COm	
For further information c	oncerning this matter, please ca	J ,	,	
Jeannett Name o	e Beezley f Person	at (<u>407</u>) <u>802</u> Area Code Day	- 8137 time Telephone Number	_
Enclosed is a check for the	ne following amount:			<i>,</i>
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Sintus & 💯
Mailing Addres		Street Address:		
Registration 5		Registration S		
Division of C P.O. Box 632		Division of C The Centre o		
Tallahassee, 1			roe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.)
Iorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/15/2020}{}$ and assigned Florida document number <u>L2000206065</u> 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 Title Name <u>Address</u> Type of Action AMBR Kristoffer Beezley 5933 Oxford Mour Blydadd · President Windermere, FL 34786 DRemove · Treasurer · Director _ KChange .. AMBR Jeannette Beezley 5933 Oxford Moor Blvd DAD : Vice-President Windermere, FL 34786 PRemove · Secretary · Director Change □Remove Change □Remove

□Change

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f an effective d	ate is listed, the	tan the date of date must be speci	ific and cannot l	be prior to date of	filing or more than	(option 90 days after fil	ling.) Pursu	ant to 605.0207
Note: If the o	date inserted in	n this block does in the Departmen	s not meet the	applicable statu	tory filing requi	rements, this d	late wiil no	ot be li ste d as
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	fies a delayed	effective date, b	ut not an effe	ctive time, at 12	:01 a.m. on the c	arlier of: (b)	Th€30th	day, after the
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		Signatur	e of a member	or authorized refr	esentative of a me	mber		