# L20000208621

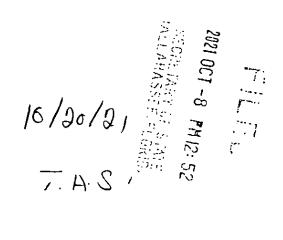
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### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	A J = FA 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:	
	SARAH E	VEP HART Name of Person	
	LA JE	FA LL C Firm/Company	
		Zastagesse St Address	
	Pensacola	TL 32507 City/State and Zip Code	
	E-mail address: (1	E FUERHART @ GI	UALL. COM
For further information of	concerning this matter, please ca	ill:	
SAZAH Ev	ERHART r Person	at ( <u><b>561</b></u> ) <u><b>373</b> -</u> Area Code Daytime	1529 Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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 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

<u> </u>	)EFA, LLC		<del> </del>
( <u>Name of the Limited I</u> (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
		7/17/2020 -1	chief kilogs
The Articles of Organization for this Limited Liabi Florida document number \$1200007.0862.1	lity Company were filed on	14/06/2021	and assigned
Florida document number <u>L20000708621</u>		KAnnal Report	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company ho	ere:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			2021
			00
		<u></u> }*	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>	
			5
			1815 1815 1815
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ecords, <u>enter the name</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	_
		, Florida	
-	Cuy		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

<u>Title</u>	Name	Address	Type of Action
Andr	JACK CALDWELL	2600 W MICHIGIAN AVE	Z/\dd
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		PENSACOLA, FL 32526	□Change
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ective date, if other than	the date of filing:	rior to data of filing or more th	(optional)	A Pursuant to 605 070
te: If the date inserted in th	he Department of State's recor	dicable statutory filing rec	uirements, this date	will not be listed a
cord specifies a delayed effi s filed.	ective date, but not an effectiv	e time, at 12:01 a.m. on th	e earlier of: (b) TI	ne 90th day after the
ed 10/1/2	0.21	·		
<u> </u>	LL Signature of a member or a	uthorized representative of a	member	

Filing Fee: \$25.00