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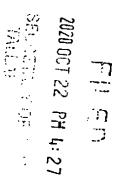
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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 $10/32/30-401000-0000 \quad **25.00$



LA. 12/17/20

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Notice Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Nyllerra Rigney Nappe of Person | |
| Nalita Ninde Firm/Company | |
| 888 BISCAYNE BIVO | |
| MIDIMI FL 33132 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Null Organ (186) Sull SSOO Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$Certif | |

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

| (Name of the Limited | Liability Company as it no A Florida Limited Liability Co | w appears on our recompany) | ords.) | | |
|---|--|---|---------------------|--------------------|--------------|
| The Articles of Organization for this Limited Liab | oility Company were file | ed on 1 40 | 2020 | and as | signed |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited liability com | pany here: | | | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Compa | ny," the designation "L | I.C" or the abbrevi | ation "l. | L.C." |
| Enter new principal offices address, if applicab | ole: | | <u></u> | _ ``` _ | |
| (Principal office address MUST BE A STREET | ADDRESS) | | T TO | 020 0 | |
| | | | <u> </u> | 007 | TI |
| | | | | 22 | : |
| Enter new mailing address, if applicable: | | | | 70 | |
| (Mailing address MAY BE A POST OFFICE BO | <u>OX</u>) | | | <u></u> | |
| | | | | 27 | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | here: Ny Kerra R 988 Bispac | J.N. U. J. C. B. V. M. Enter Florida street add | iress Florida | the ne | w registered |

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addec or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|-------------------|-----------------------|
| MGR | Nykerra Rigney | 889 Biscayne Blud | MAdd |
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|------------------------|-------------------------------------|---|---------------------------------------|---|---|--|---|
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| If an effe | ctive date is li If the date in: | sted, the date mus serted in this bl | date of filing: | ot be prior to date of ne applicable statu | tiling or more than ttory filing requi | (optional) 90 days after filing.) rements, this date w | Pursuant to 605,0207 (vill not be listed as t |
| e record rd is file | l specifies a d | delayed effectiv | e date, but not an ef | fective time, at 12 | 2:01 a.m. on the | earlier of: (b) The | 90th day after the |
| Dated _ | 8/3 | 1/202 | <u> </u> | | | | |
| | - | - | Mykzyyll Signature of a member | er or authorized ten | resentative of a me | mber | |
| | | Λ | /y Kerra | 0 | | | |
| | | | Турес | d or printed name of | fsignce | | |

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