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TO:

TO: Registration Se Division of Cor			
-	and Courses C	00000	
SUBJECT: Will	ight Courses (ited Liability Company	
	rane of this	nea mainty 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:	
	Davi II.	Maclay	
	Uintelle	MOSICY Name of Person	
		Firm/Company	
	250.3 Twili	aht Dr.	
		J Address	
	Orland	o. FL 32825	
	1	City/State and Zip Code	
	Tuiliant Cour	City/State and Zip Code City/State and Zip Code Company Comp	ification)
For further information of	oncerning this matter, please ca		
The all a MAC)	221 2211-1	7627
Danielle MOS	SVEY Person	at (<u>321</u>) <u>324 - C</u> Area Code Davtin	100C ne Telephone Number
		·	·
Enclosed is a check for the	c following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres	v :	Street Address:	
Registration S		Registration Se	ection
Division of C	-	Division of Con	•
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 7/23/2020 and assigner Florida document number L2CCCC216265. 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 regagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Twiliant Co	ourier Co	mpany UC	ur records)	7 - 57 - 2 : 22
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New Registered Office Address: Enter Florida street address Florida					
Enter Florida street address , Florida	Name of New Registered Agent:				
Enter Florida street address , Florida	New Registered Office Address:				
			Enter Florida str	reet address	
				, Florida	
City Zip Code			City		Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address - 17 7 7 7 2 2 2	Type of Action
MGR	Danielle Mosley		
		2503 Twilight Dr Orlando, FL 32825	□Remove
			XChange
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	Signature of a	member or autho	Good proposantati	ua at a mam	**		_