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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2022 FEB -8 AM 6: 25 SECRETARY OF STATE

A. BUTLER FEB 2 1 2022

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	nriel Anderson LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Michael Dempsey				
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:    Michael Dempsey					
Please return all correspondence concerning this matter to the following:    Michael Dempsey					
Division of Corporations  Addian Mariel Anderson LLC    Name of Limited Liability Company					
	ian Mariel Anderson LLC    Name of Limited Liability Company				
		Address			
	Austin, Texas, 78731				
	6.1616	•			
			fication)		
For further information	concerning this matter, please ca	all:			
Michael Dempsey c/o Z	enBusiness Inc.				
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 631	<u> </u>	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -8 AM 6: 30

(Name of the Limited Liability Company as it now appears on our records RETARY OF STATE TALLAHASSEE, FI. The Articles of Organization for this Limited Liability Company were filed on  $\underline{2020-07-28}$ \_\_\_\_\_ and assigned Florida document number <u>L20000223088</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 "L.L.C." 2525 South Monroe Street Enter new principal offices address, if applicable: 20 (Principal office address MUST BE A STREET ADDRESS) Tallahassee, FL 32301 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 Florido street address

## New Registered Agent's Signature, if changing Registered Agent:

Adrian Mariel Anderson LLC

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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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exord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th days filed.	y after the
ed February 2 2022	
/s/ Adrian M Anderson Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00