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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: D	Hery Ru	ited Liability Company	
	,		·
The enclosed Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Donetr	Name of Person	
	Battery R	Firm/Company	2020 SEP
	631 N.W	11th Avenue A	0+C 555 & [
	Fort Laude Battery Rus	City/State and Zip Code OF 4 O Amail, to be used for future subual report noti	OF STATE OF
or further information co	ncerning this matter, please c	all:	
Demetrius Name of	3 Gran	at (<u>786)</u> <u>675-</u> Area Code Daytim	1358 e Telephone Number
Enclosed is a check for the	e following amount:		
IL \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	[7] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	L1 S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

j.

TO:

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

ted Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on -2000023431C Florida document number 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:

'Sew Registered Agent's Signature, if changing Registered Agent:

, 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

auderale Florida =

· 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	Type of Action
MEIR	Demetrius Green	631 NW 11th Avenue Apt #C	€ Add
MGR.	Brande Cury	631 NW 11th Avenue Apt#C	Clikemove
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			□Add
			□Remove
			□Change
:K	i. 1	SELIMBY TALL MASSE	Add
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an effective date is listed, the date mu ote: If the date inserted in this b								
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record specifies a delayed effective	e date, but not	an effective ti	ime, at 12:01 a	i.m. on the earlie	er of: (b)	The 90	0th day	after th
is filed.								
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- WIL	Signature of a	nember or auth	orized represen	ative of a member	r			_

Filing Fee: \$25.00