L20000239164

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GREAT	Same of Limited Liability Company	LIC
The enclosed Articles of Amendment and fe-	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
B	ELINDA BURY Name of Person	TON
	JEORGE LEON	JARD CPA PA
1485	N ATLANTIC Address	AVE, SUITE 102
COCON	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	32931 Macom.
For further information concerning this matt		report notification)
BELINDA BURY	at (321) Area Code	Daytime Telephone Number
Enclosed is a check for the following amoun	t:	
S25.00 Filing Fee S30.00 Filing Certificate of		Certificate of Status &

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**

UKEAT SCOTT	S BAK L	<u>hC</u>
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it <u>now appears on our recoi</u> lability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200023916</u> L+	were filed on <u>& \\\</u>	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	2023 NOV 27 AM SECRETARY CRALLAMASSEE, F
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	
Name of New Registered Agent:	MA	
New Registered Office Address:	Enter Florida street addr	·
		·······································
	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>	<u>Address</u>	Type of Action
MGR	SCOTT WYMAN	2015 ORLANDGAUE	□ Add
		COCOA BEACH	Remove
		F432931	□Change
			□Add
			□Remove
			□Change
			□Add
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ective date, if other the effective date is listed, the te: If the date inserted incument's effective date of	date must be specifi this block does	ic and cannot be prior not meet the applic	able statutory filing	(option or than 90 days after grequirements, this	filing.) Pursuan	t to 605.0207 (3)(l be listed as the
cord specifies a delayed s filed.	effective date, bu	it not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b) The 90th d	ay after the
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	wage X	of a member or atmin				