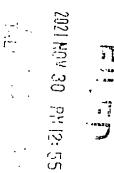
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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Division of Corpe                              | orations                                     | . •  |   |
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| SUBJECT: PONL                                  | 09710NS Madi                                 | inallo   | ·   |
| <u>_,                                     </u> | Name of Lim                                  | ited/Liability Company   |   |
| The enclosed Articles of A                     | mendment and fee(s) are sub                  | mitted for filing  |   |
|  | ·  | , and the second |   |
| Please return all correspond                   | lence concerning this matter                 | to the following:  |   |
|  | V10  | Name of Person   |   |
|  | 90N  | 6 OPTIONS Tradi  | <u>n5</u>   |
|  | 240  | Shewfiers R  Address  Lake Maty F1.  City/State and Zip Code  Ki + Pint Office  to be used for future annual report notificall:  | 2021 HG   |
|  |  | Lake Mary F1. City/State and Zip Code  | JV 30 P   |
|  | E-mail address: (1                           | Ki + PUNU OPTION<br>to be used for future annual report notific  | S MAANG TO  |
| For further information con-                   | cerning this matter, please co               | all:   | ्री ज   |
| VICK Name of P                                 | Glawcis                                      | at (407) 718 6.04<br>Area Code Daytime   | Ki<br>Telephone Number  |
|  |  |  |   |
| Enclosed is a check for the                    | following amount:                            |  |   |
| S25.00 Filing Fee                              | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address:                               | <b>N</b> ion                                 | Street Address:  | ion   |
| Registration Sec<br>Division of Cor            |  | Registration Sect<br>Division of Corp  |   |
| D O D - (227                                   | porturons                                    | The Control of Corp.   |   |

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| _ BUNG CITIONS TO  | IMDINE LLC  |                                   |                                  |                                 |
|--|---|-----------------------------------|----------------------------------|---------------------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited Lia  | y as it now appears on our records.) ability Company)   |                                   |                                  |                                 |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>レンのひとみりつけ</u> .   | vere filed on1111912  | .1                                | and assi                         | igned                           |
| This amendment is submitted to amend the following:  |   |                                   |                                  |                                 |
| A. If amending name, enter the new name of the limited liability   | ty company here:  |                                   |                                  |                                 |
| The new name must be distinguishable and contain the words "Limited Liability  | y Company," the designation "LLC" or t  | he abbrevi                        | ation "L.I                       | C."                             |
| 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 ad agent and/or the new registered office address here:   | dress on our records, enter the i   | name of                           | the new                          | registere                       |
| Name of New Registered Agent:  |   | <u> </u>                          | 202                              |                                 |
| New Registered Office Address:   |   | <u> </u>                          | OH I                             | 75                              |
|  | Enter Florida street address  |                                   | 30                               | 19<br>33<br>(                   |
|  | , Florid:   | 1                                 | in Cita                          | <del>-71</del>                  |
| New Registered Agent's Signature, if changing Registered Agent:  | City:   |                                   |                                  | J                               |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | to act in this capacity. I further<br>erformance of my duties, and I d<br>ovided for in Chapter 605, F.S. | agree to<br>am famil<br>Or, if th | o compl<br>liar with<br>is docur | ly with the<br>i and<br>nent is |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | Address            | Type of Action                                  |
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| Iffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable stallocument's effective date on the Department of State's records.  | of filing or more than 90<br>tutory filing requirer | days after filing.) Punents, this date wil | rsuant to 605<br>I not be list | 5.0207<br>ted as |
| record specifies a delayed effective date, but not an effective time, at 1 d is filed.   | 2:01 a.m. on the ear                                | lier of: (b) The 90                        | )th day afte                   | er the           |
| Dated 11 20 2  |   |  |                                |                  |
| and The Committee of th |   |  |                                |                  |
| Signature of a member or authorized re   |   |  |                                |                  |