L20000271872

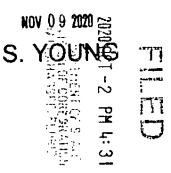
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: June De light 2. d. C Name of Limited Limited Limited Name of Limited Limit
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
June McKenzie
June Delight 22c
J. FirmCompany
287 Lorraine Dr Apt 134
N. 1 52 : II 207///
Altamonte Springs, I-L 32714 Citystetle and Zip Code
June de l'9ht 2020 gmail. Con E-mail address: (10 be used for intigre formail report noutrications)
For further information concerning this matter, please call:
June Mckenzie =1,321,3520312
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee

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

June Delight DEC		
(Name of the Limited	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab Florida document number L20000271872		and assigned
This amendment is submitted to amend the follow	ring:	PH 1: 31
A. If amending name, enter the new name of the	he limited liability company here:	3
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	28)	
B. If amending the registered agent and/or registered office address bagent and/or the new registered office address b	istered office address on our records, <u>ente</u> nere:	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
-	, F	lorida Zip Code

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

June Delight 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR JUNE MCKENZIE	JUNE MCKENZIE	287 LORRAINE DR	= Add
		APT 134	
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	777		□Add
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