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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:





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COVER LETTER

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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		,
	iltants. LLC	f	
SUBJECT:	Name of Lim	ited Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryan Holmes		
		Name of Person	
	·	Firm/Company	
	9103 Raes Creek Pl		
		Address	
	Palmetto, FL 34221		
		City/State and Zip Code	
	bagehi@gmail.com	to be used for future annual report r	ustification)
For further information c	oncerning this matter, please c		ionicatory .
Bryan Holmes		844 557-0835	
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.
Mailing Address		Street Address:	
Registration S Division of C		Registration : Division of C	
P.O. Box 632			f Tallahassec

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records. ed Liability Company)	,
The Articles of Organization for this Limited Liability Compa $\frac{1.20000273642}{1.0000273642}$	ny were tiled on <u>09/02/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "L1.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		
		SSE A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2 <u></u> 20
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter th</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

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>	Address	Type of Action
MGR	Melissa Holmes	9103 Raes Creek Pl	
		Palmetto, FL 34221	≣Remove
			□Change
			🗆 Add
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			(I)Change
		<u> </u>	□Add
			PAREMOVE 20 Change A Company of the
			HASSEE FILE CHOICE
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Filing Fee: \$25.00